

# The PCP Work Experience Requirement Application

In order to obtain the Payroll Compliance Practitioner (PCP) certification, you must have at least one (1) year of work experience obtained within five (5) years before or five (5) years after the start date of your first successful attempt of the National Payroll Institute's Payroll Compliance Legislation (PCL) course. Students completing the PCP courses as part of a full time private career college or public college academic program will have their timeline start from the end date of their Payroll Fundamentals 2 (PF2) course.

The payroll compliance experience will be weighted based on the percentage of time spent managing payroll compliance and completing other payroll responsibilities and must be equivalent to one year or greater of experience paying employees accurately and on time, in compliance with legislative requirements, and contributing to the full annual payroll cycle.

The candidate **MUST** read the **PCP Work Experience Requirement Application Guide** for more information on how to complete the application.

## Part 1: My Profile

### Contact information

National Payroll Institute Number \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

## Part 2: PCP Work Position (to be verified)

Organization's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_  
Applicant's position \_\_\_\_\_  
(to be verified)  
Position start date \_\_\_\_\_ Position end date \_\_\_\_\_  
MM / DD / YYYY (if applicable) MM / DD / YYYY

In the section below please provide the name of the person who would be in a position to verify the accuracy of the information provided on this application (typically a direct supervisor). In providing this individual as my work supervisor/manager, I agree to them having access to my application electronically for the purpose of verifying the content of the application.

Supervisor/Manager Name (Verifier) \_\_\_\_\_  
Position or Title \_\_\_\_\_  
Professional Email \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_  
Organization Name \_\_\_\_\_

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## Part 3: Organization Profile

### Part 3:

a) **Number of employees** (Check only the ONE relevant to the experience you want to be verified)

- 1 – 49
- 50 – 99
- 100 – 199
- 200 – 499
- 500 – 999
- 1,000 – 4,999
- 5,000 +

### Part 3:

b) **Industry** (Check only the ONE relevant to the experience you want to be verified)

- Private Sector Organization
- Public Sector/Government/Crown Corporation
- Self-employed
- Payroll Service Provider/Outsourcing Company
- Other (please specify) \_\_\_\_\_

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## Part 4: Payroll Work Experience

**Part 4 a) What percentage of your time is spent on payroll activities in the organization? \_\_\_\_\_ %**

**Part 4 b)** Enter the percentage of your payroll activities that are spent in each of the eight categories below and select the relevant activity(ies) in each category you have performed for the position you want to be verified. Please note, the percentages are required to add up to 100% in order to properly reflect the balance of your workload with regard to payroll.

**1. Administration:** ( \_\_\_\_\_%)

- input payroll data (hours and earnings, time and attendance)
- modifying employee records and collecting employee payroll data
- filing

**2. Payroll Information:** ( \_\_\_\_\_%)

- prepare/coordinate/maintain employee documentation (i.e., employee profile changes, taxable benefits and/or allowances)
- verify/validate
- calculate payroll earnings and deductions
- pay employees accurately, on time and in compliance with legislative requirements
- reconciliations
- system testing and/or implementation
- administer pension and/or benefits

**3. Remittances:** ( \_\_\_\_\_%)

- government (federal and provincial)
- third party (i.e., insurance carriers, union)
- workers compensation
- legal (garnishments)
- reconciliations

**4. Payroll Accounting:** ( \_\_\_\_\_%)

- prepare journal entries
- reconcile payroll accounts

**5. Communication:** ( \_\_\_\_\_%)

- payroll reporting (employees/management)
- liaise with internal and external stakeholders

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### 6. Year-end: ( \_\_\_\_%)

- federal and provincial reporting
- year-end slip preparing and filing
- calculate Pension Adjustments
- reconciliations

### 7. Terminations: ( \_\_\_\_%)

- prepare Records of Employment
- calculate retiring allowance/severance and/or final payments

### 8. Payroll Management: ( \_\_\_\_%)

- budgeting
- planning
- negotiating (collective agreements, benefit plans)
- overseeing payroll function/department
- training department employees

## Part 5: Candidate's Communication – For Candidate Use Only

(Ratings on the questions below will not affect your PCP Work Experience assessment or any other aspect of your status with the National Payroll Institute).

Communication resources are available to assist those *Payroll Compliance Practitioner* (PCP) candidates that require help to succeed in the Canadian payroll profession. Candidates that have indicated they would be interested in receiving access to the communication resources will be contacted by National Payroll Institute Certification staff.

1. As a PCP candidate, do you feel you would benefit from having access to resources that could help to improve your professional (business) **writing** English skills?

- Yes
- No

2. As a PCP candidate, do you feel you would benefit from having access to resources that could help to improve your professional (business) **verbal** English skills?

- Yes
- No

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## Part 6: Candidate's Work Experience Declaration

I hereby declare that all of the above information provided in this application is complete, accurate and aligned with the National Payroll Institute's *Professional Code of Conduct*. I understand the information above is for the purpose of the National Payroll Institute's "PCP Work Experience Requirement" confirmation. I understand that withholding relevant information or falsification of information on this application or submitted with it may be considered grounds for non-admission or, after admission, grounds for withdrawal.

I authorize the National Payroll Institute to collect, use and disclose the personal information above for this purpose and contact my verifier.

Candidate's Name \_\_\_\_\_

Candidate's Signature \_\_\_\_\_

Date \_\_\_\_\_

All of the following documents must be submitted in order for the application to be considered complete and ready for review by the NPI.

- ✓ Chronological **current** resume that includes all relevant payroll employment history with start and end dates (including month and year) for each position.
- ✓ Job description for each payroll position being submitted.
- ✓ Completed application(s), verified by your employer/manager, for each payroll position.

**Important:** Please review this guide carefully before submitting your application and documentations to ensure you submit the complete application and documentations. Incomplete packages **will not be processed and will be discarded.**

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## Part 7: Candidate's Communication - For Verifier Use Only

1. As a National Payroll Institute Verifier (Supervisor or Manager) reviewing this application, do you feel the candidate would benefit from having access to resources that could help to improve their professional (business) **writing** English skills.

Yes

No

2. As a National Payroll Institute Verifier (Supervisor or Manager) reviewing this application, do you feel the candidate would benefit from having access to resources that could help to improve their professional (business) **verbal** English skills.

Yes

No

## Part 8: Supervisor/Manager's Declaration - For Verifier Use Only

Verifiers are required to declare that the information on the application is either accurate or requires revision.

\_\_\_\_\_ I declare that I have first-hand knowledge of the position under review, supervise/manage the candidate, and that all of the above information provided in this application is accurate. Once checked and submitted, this application will be forwarded to the National Payroll Institute office for assessment.

\_\_\_\_\_ I declare that the above information provided in this application requires revision by the candidate. Once checked, this application should be returned to the candidate who will be required to make changes before resubmitting to the supervisor/manager. Should you feel that this application does not accurately reflect the duties of the position, please provide comments on the areas requiring revision in the space provided below.

Verifier's Name \_\_\_\_\_

Verifier's Signature \_\_\_\_\_

Date \_\_\_\_\_

Verifier's Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Part 9: Assessment - For National Payroll Institute Assessor Use Only

Number of Months in position \_\_\_\_\_

**Candidate's PCP Work Experience Approved Window. Only experience between these dates may be accepted.**

Approved PCP WE start date \_\_\_\_\_

Approved PCP WE end date \_\_\_\_\_

Number of months within approved WE window \_\_\_\_\_

Percentage of position completing payroll \_\_\_\_\_

Number of months of approved PCP WE \_\_\_\_\_

Assessor comments

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SAMPLE