UNEMPLOYED HELP CENTRE

PLACEMENT

#1 #2 #3 #4

TIOW INVOICE

Unemployed Help Centre of Windsor Inc.
6955 Cantelon Drive
Windsor, ON N8T 3J9
Telephone: (519) 944-4900
Fax: (519) 944-9184
www.uhc.ca

ATTENTION: FINANCE **RETURN BY MAIL ONLY**

CLIENT INFORMATION

LAST NAME:	
FIRST NAME:	
START DATE:	
END DATE:	
COUNSELLOR:	**VB**

EMPLOYER INFORMATION

EMPLOYER:	
NAME:	
FINANCE CONTACT:	
ADDRESS:	
, ON	**POSTAL CODE:**
PHONE #:	**FAX #:**
EMAIL:	

SUBSIDY RATE: $ _____

RATE OF PAY: $ _____

1 - 8 Weeks ***Placement ending March 31 due within the first week thereafter***

Week Starting Enter date as M/D	___ / ___	___ / ___	___ / ___	___ / ___
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Hours Worked				
Subsidized Hours				

STATUTORY HOLIDAYS **Subsidized Hours**

Please attach verification of Statutory payment - copy of cheque or payroll information		**# of Hours**	**NOTES**
New Year's Day	❑		
Family Day	❑		
Good Friday	❑		
Victoria Day	❑		
Canada Day	❑		
Labour Day	❑		
Thanksgiving Day	❑		
Christmas Day	❑		
Boxing Day	❑		

The signatories hereby attest that they have been paid in full at the hourly rates invoiced.

TRAINEE SIGNATURE: _____

SUPERVISOR NAME (PRINT): _____

SUPERVISOR SIGNATURE: _____ **Total Subsidized Hours**

Note: Form must be filled out in **ink** only.