Unemployed Help Centre of Windsor Inc.

www.uhc.ca

ES - JOB TRIAL

INVOICE

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

ATTENTION: FINANCE **RETURN BY MAIL ONLY**

CLIENT INFORMATION (PRINT)

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

EMPLOYER INFORMATION (PRINT)

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

SUBSIDY RATE: $ _____

RATE OF PAY: $ _____

1 - 4 Weeks ***Placement ending in March will be due within the first week thereafter***

Week Starting Enter date as M/D	**WK 1** M / D	**WK 2** M / D	**WK 3** M / D	**WK 4** M / D
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
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.