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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	<i>Placement ending in March will be due within the first week thereafter</i>			
Week Starting Enter date as M/D	WK 1 <u> </u> / <u> </u> / <u> </u>	WK 2 <u> </u> / <u> </u> / <u> </u>	WK 3 <u> </u> / <u> </u> / <u> </u>	WK 4 <u> </u> / <u> </u> / <u> </u>
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	<input type="checkbox"/>	
Family Day	<input type="checkbox"/>	
Good Friday	<input type="checkbox"/>	
Victoria Day	<input type="checkbox"/>	
Canada Day	<input type="checkbox"/>	
Labour Day	<input type="checkbox"/>	
Thanksgiving Day	<input type="checkbox"/>	
Christmas Day	<input type="checkbox"/>	
Boxing Day	<input type="checkbox"/>	

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.