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# ES PLACEMENT

**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 #: <span style="float: right;">FAX #:</span>
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				
<b>Hours Worked</b>				
<b>Subsidized Hours</b>				

**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.