

For UHC Only:

■ Windsor

■ BR

PLACEMENT

YOUTH PROGRAMS □ YJC □ YJC Summer

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

| CLIENT INFORMATION (PRINT) | EMPLOYER INFORMA | ATION (PRINT) |
|--|---|-------------------|
| LAST NAME: | EMPLOYER: | |
| FIRST NAME: | NAME: | |
| START DATE: | FINANCE CONTACT: | |
| END DATE: | ADDRESS: | |
| COUNSELLOR: Andrea | , 0 | N POSTAL CODE: |
| | PHONE #: | FAX #: |
| RATE OF PAY: \$ | EMAIL: | |
| | | |
| This confirms thatCOMPANY NAME | has employed | , |
| COMPANY NAME | CLIEN | T/EMPLOYEE NAME |
| placed by the Unemployed Help Centre of Windsor Inc. for a period of weeks and will be compensated | | |
| in the amount of \$ for the duration of the placement. | | |
| The employer in signing this Invoice have agree | to have conformed to all the rules and re | gulations of the |
| Employment Standards Act in making all payme | its to the client. | |
| | | |
| | | |
| EMPLOYER | CLIENT | |
| | | |
| EMPLOYER NAME (PRINT) | CLIENT NAME (PRINT) | |
| | | |
| | | |
| Employer Signature Date (dd/ | m/yyyy) Client Signature | Date (dd/mm/yyyy) |
| | | |