



TO BE COMPLETED BY DEPARTMENT

Employee's Name: _____

Dept Name: _____

Description of Work: Model

Instructor Signature: _____

Dept Account No: _____ 56171

Authorized Signature: _____

Date	Day	Hrs	Rate	Total
	Sun		\$20.00	\$
	Mon		\$20.00	\$
	Tue		\$20.00	\$
	Wed		\$20.00	\$
	Thur		\$20.00	\$
	Fri		\$20.00	\$
	Sat		\$20.00	\$
	Sun		\$20.00	\$
	Mon		\$20.00	\$
	Tue		\$20.00	\$
	Wed		\$20.00	\$
	Thur		\$20.00	\$
	Fri		\$20.00	\$
	Sat		\$20.00	\$

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	Sun		\$20.00	\$
	Mon		\$20.00	\$
	Tue		\$20.00	\$
	Wed		\$20.00	\$
	Thur		\$20.00	\$
	Fri		\$20.00	\$
	Sat		\$20.00	\$

Total Hours
Subtotal Pay
Vacation Pay 4.00%
Total Pay

\$
\$
\$

Minimum Wage \$11.55/hr eff. Apr 1/19 Wage Rate for Models = \$20/hr 4% vacation pay for each

Failure to complete this section in detail for NEW HIRES may result in delay of payment

Full Name: _____

Date of Birth: _____

Social Insurance Number: _____

Mailing Address: Line 1. _____

Line 2. _____

City _____

Province _____

Postal Code _____

First Day Worked: _____, 20_____