Payroll ID	(payroll use	only)
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TO BE COMPLETED BY DEPARTMENT												
Employee's Name:					Der	pt Name:						
				-								
Description of Work	: Model			-	Inst	tructor Signature:						
Dept Account No:			_56171	-		Authorized Signature:						
Date	Day	Hrs	Rate	Total	1	Date	Day	Hrs	Rate	Total		
	Sun		\$20.00	\$			Sun		\$20.00	\$		
	Mon		\$20.00	\$			Mon		\$20.00	\$		
	Tue		\$20.00				Tue		\$20.00	\$		
	Wed		\$20.00				Wed		\$20.00	\$		
	Thur		\$20.00				Thur			\$		
	Fri		\$20.00				Fri			\$		
	Sat		\$20.00		1		Sat			\$		
	Sun		\$20.00				Sun			\$		
	Mon		\$20.00		1		Mon			\$		
	Tue			\$	1		Tue			\$		
	Wed		\$20.00		1		Wed			\$		
	Thur		\$20.00		1		Thur			\$		
	Fri		\$20.00		1		Fri			\$		
	Sat		\$20.00				Sat			\$		
		Total Hou	urs		<u> </u>			<u> </u>				
	!		Subtotal Pay		1	\$						
	!	Vacation		4.00%	1	\$						
	!	Total Pay	/]	\$						
Mi	inimum Wage \$	11.55/hr ef	if. Apr 1/19	Wage F	Rate '	for Models = \$20/hr	4% vacation	on pay for	each			
Failure to com	plete this	section	in deta	il for NE	<mark>W l</mark>	HIRES may result i	<mark>in delay</mark>	of payr	nent			
Full Name:												
Date of Birth:				_		Social Insurance Numb	er:					
Mailing Address:		Line 1.	Line 1.									
		Line 2.										
		<u></u>				B 1122						
		City				Province		Postal Cod	16			
First Day Worked:				, 20								