

Employee Data

No.	Employees Last and First Names	Sex	Date of Employment			Salary		Type of Coverage**	Date of Employment			Occupation	Province of Residence	Job Status: (Check One) Active at Work	Absent Sick/ness	Absent Holiday	Covered For:	
			Y	M	D	Basis*	\$ for Period		Y	M	D						WCB: (Y or N)	UIC: (Y or N)
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*Basis A - Annual M - Monthly B - Biweekly W - Weekly H - Hourly (Specify number of normal hours per week)

** (S) Single (F) Family (S#) Single Coverage With Health and Dental Waiver (F#) Family Coverage With Health and Dental Waiver