

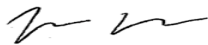



Employment Ontario: Employment Service
Placement Timesheet

Employer Name:	XYZ Corporation		
Address:	123 Fake Street	Contact Name:	Jane Doe
City:	Kitchener	Postal Code:	N2G 1V6
Phone:	519-555-1234	Fax:	519-555-5678
Employee Name:	Fred Flintstone	Wage Rate: \$	12.00 Subsidy Rate: \$ 4.00

Day	Date	# Hrs Worked	Day	Date	# Hrs Worked
Monday	Nov 14, 2011	8	Monday	Nov 21, 2011	8
Tuesday	Nov 15, 2011	8	Tuesday	Nov 22, 2011	8
Wednesday	Nov 16, 2011	8	Wednesday	Nov 23, 2011	8
Thursday	Nov 17, 2011	8	Thursday	Nov 24, 2011	8
Friday	Nov 18, 2011	7	Friday	Nov 25, 2011	8
Saturday			Saturday		
Sunday			Sunday		
	Sub-total:	39		Sub-total:	40
		Total Hrs	79		

Both signatures are required to confirm that the hours were worked and the Employee was paid.

Employee's signature: 	Date: Nov 28, 2011
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Employer's signature: 	Date: Nov 28, 2011
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Is this a final claim form for this employee? Yes No
All claims must be made within 30 days of contract end.

Please **fax** the signed form to our confidential fax no. 519-743-3840,
or **email** a scan of the signed form to placements@theworkingcentre.org

Then mail the original to:
The Working Centre, 58 Queen St. S., Kitchener ON N2G 1V6