



## Employment Insurance

If after reporting early: you worked, received other moneys, were not available for work or became sick during the remainder of the period normally covered by your report, you must advise us of the new information. You can complete this form and return it to your [Service Canada Centre](#).

Name:	Social Insurance Number: _____ - _____ - _____
<b>Week:</b>	<b>Week of December 11 to December 17, 2005</b> <b>Week of December 18 to December 24, 2005</b>
Dates worked during the week	
Gross amount earned	
Name and address of employer	
Gross amount and type of all other monies received other than salary	
Date(s) and reason(s) you were unable to work	

I declare that the information given on this form is true and given to prove my entitlement to Employment Insurance. I am aware that there are penalties for knowingly making false statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_