

PERIOD COVERED – FROM: _____ TO: _____

PROJECT: _____

CONTRACTOR: _____

SUBMITTED BY: _____

SHEET _____ OF _____

Employee Name	Permanent Address	Yukon Health Care Insurance Registration No.	Type of Work Performed (i)	Youth Y / N (ii)	Apprentice Contact No. (if applicable)	Hourly Rate (iii)	FWS Rate (iv)	Hours Worked (v)	Benifits	Vacation Pay (vi)	Total Wages & Benifits (vii)

- Permanent Address = Municipality/Area and Territory/Province - normal place of residence
- (i) Type of Work = Carpenter, Labourer etc - as defined in the Fair Wage Schedule
- (ii) Youth = Someone under the age of 25
- (iii) Hourly Rate = Rate of pay for this employee
- (iv) FWS Rate = Hourly wage required under the Fair Wage Schedule
- (v) Hours Worked = Total hours worked during the period(indicate whether regular or overtime and use separate lines for regular and overtime)
- (vi) Benifits = Employer contribution to supplementary health, life, disability insurance and pension plans if applicable
- (vii) Total Wages Paid = All wages/benifits/vacation pay for the period (paid or payable)

Submitted: _____ Date: _____ Verified: _____ Date: _____