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STATEMENT OF EMPLOYMENT EARNINGS

(TO BE COMPLETED BY THE EMPLOYER)

Notes: Please complete this form at your earliest convenience and forward it to your Employee.
Please do not include any vacation pay or intermittent overtime in earnings.

Business Name: _____

Address: _____

Employee Name: _____

Social Insurance Number: _____

Date Employment Commenced (if during current year): _____

Employee Address: _____

COMPLETED BY (PLEASE PRINT)

SIGNATURE

DATE

SUMMARY OF FOUR (4) MOST RECENT PAY PERIODS

	FROM (Day/Month/Year)	To (Day/Month/Year)	GROSS EARNINGS FOR THE PERIOD
1			
2			
3			
4			

I understand that the information submitted by my employer will be used in the calculation of my rent.

EMPLOYEE SIGNATURE

DATE

FOR OFFICE USE ONLY