Yukon Government

EMPLOYMENT REPORT

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 Contract No. (if applicable)	Hourly Rate (iii)	FWS Rate (iv)	Hours Worked (v)	Benefits	Vacation Pay (vii)	Total Wages & Benefits (viii)

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 = A Yukon resident between the ages of 16 and 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)

(vii) Benefits = Employer contribution to supplementary health, life, disability insurance and pension plans if

(viii) Total Wages Paid = All wages/benefits/vacation pay for the period (paid or payable)

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

Print Form Clear Form