

# REHABILITATION EARNINGS STATEMENT

Employer is to complete all fields and forward to: **Regina.DMSO@gwl.ca**

<b>Employer Name:</b>																																			
<b>Employee Name:</b>															<b>Group Number: 57402</b>																				
<b>Social Insurance Number:</b>															<b>Division Number:</b>																				
<b>Job Title/Department:</b>															<b>Employee ID Number:</b>																				
<b>A.</b>	<b>Pay Period</b>					<b>Hours Worked</b>					<b>Gross</b>					<b>E.I.</b>					<b>C.P.P.</b>					<b>Pension</b>					<b>Union Dues</b>				
<b>Total(s)</b>																																			
<b>B. REMARKS:</b> (Please specify if any of the above remuneration represents anything other than pay for actual hours the person reported for work).																																			
<b>C. PLEASE SPECIFY THE HOURS WORKED DURING THE PAY PERIOD(S)</b>																																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
JAN																																			
FEB																																			
MAR																																			
APR																																			
MAY																																			
JUN																																			
JUL																																			
AUG																																			
SEP																																			
OCT																																			
NOV																																			
DEC																																			
<b>D. FORM COMPLETED BY:</b> _____ <div style="text-align: center;">(print name)</div> <b>PHONE:</b> _____ <b>DATE:</b> _____																																			