

Information on Employee Remuneration

Reserved for Direction de l'IVAC use	
File number	Date of event Year Month Day

Important:

This form is intended for the employer.
It must be filled out by the employer and forwarded to the Direction de l'IVAC as quickly as possible.

Identification of company

Name of company

Address

Street number Street name Suite number

P.O. Box City/town

Province/state Country Postal code

Identification of the employee

Last name First name

Social insurance number Employment start date
Year Month Day

Information

Position held when event occurred

Description of responsibilities

Statut when event occurred

On call Permanent Full-time
 Seasonal Casual Part-time

Contract termination date Year Month Day

Is the contract renewable? Yes No Year Month Day

Gross salary paid to the employee during the 12 months preceding the date of the event \$

Employee's regular work week hours

Employee's salary when the event occurred \$ Rate
 Hourly Daily Weekly bimonthly

Was the employee absent immediately after the event occurred? Yes No

From Year Month Day To Year Month Day

Were there other subsequent work stoppages related to the event? Oui Non

From Year Month Day To Year Month Day

Since the date of the event, have you paid amounts to this employee during his or her disability period?
 Yes No Specify \$

Comments

Name of employer or representative (in block letters)

Position

Telephone number
Area code

Signature of employer or representative