REHABILITATION EARNINGS STATEMENT

Employer is to complete all fields and forward to**: Regina.DMSO@canadalife.com**

Employer Name:	
Employee Name:	**Group Number: 57402**
Social Insurance Number:	**Division Number:**
Job Title/Department:	**Employee ID Number:**

A.	**Pay Period**	**Hours Worked**	**Gross**	**E.I.**	**C.P.P.**	**Pension**	**Union Dues**
Total(s)							

B. REMARKS: (Please specify if any of the above remuneration represents anything other than pay for actual hours the person reported for work).

C. PLEASE SPECIFY THE HOURS WORKED DURING THE PAY PERIOD(S)

	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																															

D. FORM COMPLETED BY: ______________________________
(print name)

PHONE: ______________________ DATE: ______________________