



**EMPLOYER INFORMATION**

NAME OF ORGANIZATION/EMPLOYER

EMPLOYERS' ASSOCIATION

MAILING ADDRESS (for all correspondence)

CITY

POSTAL CODE

INFORMATION FILED BY:

LAST NAME

POSITION

FIRST NAME

PHONE

FAX

EMAIL ADDRESS

( )

( )

**CONTRACT INFORMATION**

PLEASE PROVIDE DETAILS OF THE TERMS AND CONDITIONS OF THE EMPLOYEE'S EMPLOYMENT. THESE INCLUDE ANY EXPRESS OR IMPLIED TERM OR CONDITION, WHETHER CONTAINED IN A WRITTEN CONTRACT OR NOT. IN PARTICULAR, PLEASE PROVIDE DETAILS REGARDING ANY SPECIAL OR UNIQUE COMPONENTS OF THE EMPLOYEE'S TERMS AND CONDITIONS OF EMPLOYMENT.

1. **Name of Employee**

2. **Position**

3. **Length of Service** (both with employer and in position)

4. **Term of Contract** (definite/indefinite, start date, termination date if applicable, etc.)

5. **Compensation** (salary, bonuses, incentive payments, allowances, etc.)

6. **Benefits**

## 7. Severance

### Please append:

1. Copies of any written contract of employment (please note the broad definition of “contract of employment” in the *Public Sector Employers Act*)
2. Copies of any decision amending, changing, or otherwise altering the contract.

### Declaration:

I certify the statements made by me in this report are true and complete to the best of my knowledge. I also certify that the documents appended are true copies of all the documents which are relevant to the terms and conditions of employment of the above-noted employee.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signed on behalf of  
Employer: \_\_\_\_\_

Signed by  
Employee: \_\_\_\_\_