Payroll Sur Compete ea	•	roll statem	ent if	given th	ne follo	owing	:					
Information	n requir	red:										
Company F worked	Employ	Social ee Number, Pay per(weeks	hou	,	Basic	Pay	Scale, C	Claim	Code	,	Number o	f Hours
Your Name		Employee #		Employee #		Pay	From	From To		Da	te:	
Statement	of Farr	nings				]	Employe	ee De	duction	าร		
Type			Am	ount	Y.T.I		Туре	ю	Current		Y.T.D.	
							E.I.					
							CPP/QPP					
							Tax					
Summary Current	(	Gross Pay	De	ductions	s N	let Pa	y N	let Pa	y Allo	catio	n	
Year to date												
worked	Employ	ee Number , Pay per _ (weeks	hou:	r,	Basic	Pay ; , Aı	Scale , ( nount e	Člaim	Code	,	Number o	of Hours
Your Name		Employee #		Employee #		Pay From		То		Date:		
Statement	of Earr	nings					Employe	ee De	duction	ns		
Туре	Hours		Am	ount	Y.T.I		Type E.I. CPP/QPP Tax		Current		Y.T.D.	