Expense code Classification	AEC student interviews Coaches 293 293/629 293/629		143 305	293 305/309	293 ï ő3	273* 219	203* 431	293 305	203* 406	293 305	293 391		141 305	203* Contact HF				9 629 A 970	9 629) 970	629 970
GENERAL INFORMATION											Description of work:									
EMPLOYEE #				M				F												
Family Name:																				
First Name:																				
Address:																				
Postal Code: Phone no:																Depa	rtmer	nt		
S.I.N.:															/		/	0	0	
Banking Info:																				
Attached void Cheque or a direct deposit Banking information was form from your banking institution submitted (YYYY/MM)																				
											Signat	ure of	Mana	ager					Date	
Employee signature	e			Date																
Date of activity (YYY	Y/MM/DD)										Signat	une of I	Huma	ın Reso	ources				Date	
\$ one time payr					OR	{													\$ Hou	rly Rate
							RESER\	/ED FOR	PAYRO)LL										

Service:

Data entry:

Verified by:

Paydate:

Employee #

Fonction #

Status:

Revenue #