# Employee Report Form

**Western Canada**
500-2755 Lougheed Highway, Port Coquitlam, BC V3B 5Y9
Fax: 604.464.7997 Toll Free: 800.667.1336
**Eastern Canada**
3–55 Rideau Street, Kingston, ON K7K 2Z8
Fax: 613.530.3770 Toll Free: 888.272.0414

**Name of Employer:**

| Employee Name | | Terminations | | Salary Changes | | | Occupation Changes | Transfers | |
|---|---|---|---|---|---|---|---|---|---|
| Last Name | First Name | Termination Date Month/Day/Year | Reason for Termination | Salary Change Date Month/Day/Year | New Salary (indicate salary basis – i.e. per month, hour, year) | Hours Per Week | New Occupation | New Division or Class | Transfer Date Month/Day/Year |
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Authorized Signature of Employer Date

05-2010