



# Calgary Drug Treatment Court EMPLOYMENT CONFIRMATION

Employee name:		Date:	
----------------	--	-------	--

## Company information

Name:		Phone number:	
Address:			
Name of personal representative:			
Signature of personal representative:			

## Employment terms & conditions

Start date:					Hours per week:		
Expected schedule: (Start time – end time)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				Court			
Expected Duration of Employment:							

## Pay information

Rate of pay:		Date of first pay:		Pay Schedule:	
FOR THE FOLLOWING QUESTIONS, PLACE A CHECK-MARK ( ✓ ) UNDER YES or NO					
Will the employee receive a Pay Stub after each pay period?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the employee be contributing to provincial/federal taxes, Employment Insurance (EI), and the Canada Pension Plan (CPP) for each pay period?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please affix your firm's rubber stamp or business card in the space provided:					