

## **Employee Information**

1. Personal I	nformation			4 7.60	
Full Given Name:	Forster		Charlene		F
	Last		First	19 F F	M Initial.
Address:	264 Elm St South.				
	Street Address				Box #
	Timmins			ON	P4N1
	City/Town			Province	Postal Code
Home Phone:	(905 ) 325-0299	Alternate Pho	one: (	)	
Primary Email:	charleneforster@msr	n.com	DOB M/D/Y	3 /2	7 / 1979
SSN#:	509968723	Status # N/A	4		
2. Job Inform	nation			2 / South 1 / 2 / 2	
Title:	Gladue Caseworker	Employee ID:			
Supervisor:	Lenny	Department:			
Work Location:		Work Email:			Date May be a second
Work Phone:	()	Cell Phone:	()	40.	
Start Date:	April 8, 2024	Benefits	Pension: Y / N		
Term Date:		_ Salary:	\$		
3. Emergenc	y Contact Information				
Full Name:	Stilges		Suza	nne	L
	Last		First		M Initial.
Address:	213 Ontario St.				
	Street Address				Box #
	Thorold			ON	L2V1E3
	City/Town			Province	Postal Code
Primary Phone:	(905 )680-5299	Alternate Pho	Phone: (289 )228-9432		
Relationship:	Mother				