

NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal li	nformation			A W. Balletin	The state of the s
Full Given Name:			First	/	M Initial.
	Last ((1/)	, not		
Address:	347 Marks 5	t. W	A		Box #
	Thunder Bay			ON	
	City/Town			Province	Postal Code
Home Phone:	(867) 620 8811	Alternate Ph	none: ()	
Primary Email:	psackanege y ma	il. com	DOB M/D/Y	08/18	1 1958
SSN#:	457 281 343	Status #	18200	37/61	
OON W.					
2. Job Inforr	nation				
Title:		_ Employee ID):		
Supervisor:		_ Department:			
Work Location:		_ Work Email:			
Work Phone:		_ Cell Phone:	()		
Start Date:		Benefits	No.	Pension	n: Y / N
Term Date:		Salary:	\$		
3. Emergen	cy Contact Information			R WEEK	
Full Name:	Gliddon		Alliso	n	N
	Last		First		M Initial.
Address:	Street Address				Box #
	Street Address			ON	
	City/Town			ON Province	Postal Code
	CM1 2 2621				
Primary Phone:	(801, 355 3831 Fciend	Alternate	Pnone: ()	
Relationship:	+ clend				