

E-MAILED
Jan 7/22

STATEMENT OF EARNINGS - DCM

PRINT

NEW REQUEST

Period going from: 2021-12-13 to: 2021-12-17
 First name & last name of the employee: Stella Kiokee-Koostachin
 Policy or group or contract no.: 59086 Certificate or identification no.: 63468891

Please indicate the gross earnings for each day worked.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WEEK 1							
FROM: 2021-12-13							
TO: 2021-12-17	\$202,04	\$202,04	\$202,04	\$202,04	\$202,04	\$0,00	\$0,00
WEEK 2							
FROM:							
TO:							
WEEK 3							
FROM:							
TO:							
WEEK 4							
FROM:							
TO:							
WEEK 5							
FROM:							
TO:							
WEEK 6							
FROM:							
TO:							

COLETTE SHWETZ

HR MANAGER

Last name and first name of the authorized person (IN BLOCK LETTERS)

Position

Colette Shwetz

Jan 7/22

Signature

Date