

St. James-Assiniboia School Division 2574 Portage Avenue Winnipeg, MB R3J 0H8

Ph.: 888-7951 Fax: 831-0859

FEES FOR SERVICES - PAYROLL

☐Teachers ☐Bi-Weekly	Substitute Teachers	Casual Lunchroom/Monthly	y
NAME:			
ADDRESS:			
CITY / PROVINCE:	POSTAL CODE:		
S.I.N	TELEPHONE #		
SCHOOL:			
NOTE: If this is the first time you are be deposit form as well as a TD1 and TD1 Resource Department at the Division Be incomplete information may result in de	MB. These forms may be ob pard Office. Time sheets rec	otained from the School or Human eived late or with inaccurate or	
MONTH	:	*	
DESCRIPTION OF SERVICES	DATE WORKED	FEE	
		\$	
		\$	
		\$ \$	
		\$	
	PAYMENT DUE	\$	
Charge to G/L Account			
Employee Signature			
Supervisor Signature			
Principal Signature			

Refer to OP #03203

The personal information contained on this form is collected and protected under the authority of Canada Revenue Agency and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for payroll and tax reporting purposes. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, telephone (204) 888-7951.

^{*} Invoices must be submitted by the 21st of each month to ensure timely payment.