



Service  
Canada

Agreement Number:

**Worksharing Utilization Report**

Employer:

Week starting date (Sunday)

**If Hours Worked are 0, Please complete**

This column is no longer in use	SIN#	First Name	Last Name	Normal Weekly Hours	Hours Worked	Days not available (excluding sick)	Days missed due to sick	Paid sick leave amount	All other paid amounts	Hours Missed Work-sharing	Comments
<b>Totals</b>											

% of Utilization

I am aware that the information I provide is subject to verification. If I provide information or make a representation of declaration that I know is false or misleading, a penalty may be imposed. I declare that the information given by me on this form is true to the best of my knowledge.

Certified By:

Position

Date:

Phone Number: