PLEASE RETURN WITH YOUR APRIL'S MONTHLY REPORT

Name of the company: _____

Employer's number with the Parity Committee: _____

QUALIFYING PERIOD FOR EMPLOYEES' VACATION IN YEAR 2019:

From : 2018/ _____ (month) / _____ (day)

To : 2019/ _____ (month) / _____ (day)

RETURN ADDRESS:

Mailing address
Comité paritaire de l'entretien d'édifices publics
4351,d'Iberville
Montréal (Québec) H2H 2L7

E-mail
info@cpeep.qc.ca

PRINT