



RELIEF ASSIGNMENT INFORMATION FORM

Name: _____

S.I.N# _____

Mailing Address: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Status First Nation: Yes No

Marital Status: _____

Name of First Nation: _____

Registry Number: _____ (10 digits)

Job Title: _____

Date Requested To

Work: _____

Department: _____

For Office Use Only

Payment Method: Payroll _____ Manual Check _____ (Please Check one method of Payment)

Program Account: _____

Rate OF Pay \$ _____

Signature: _____

Date: _____

Human Resources Manager