

## REQUEST FOR INFORMATION CONCERNING ALL PERSONNEL RECEIVING AN ISOLATION AND REMOTENESS PREMIUM

	New inscription L	Modifi	cation L	Date of modification	<u> </u>		
SECTION I: IDENTIFICATIO	N						
Employee Last Name:							
First Name:				Employee Number:			
Single			Common Law Single				
Single Married			Common Law Single				
SECTION II : THIS SECTION IS TO BE USED SOLELY BY THOSE WHO ANSWERED «MARRIED» OR «COMMON LAW SPOUSE» :							
Date of marriage or when common law union began:							
Spouse's last name:							
Spouse's first name:							
Name of employer (spouse	e):						
Does your spouse reside permanently with you on the Lower North Shore?					YES	NO	
If no, please indicate the date of departure:							
Does your spouse benefit from an isolation premium with dependants?					YES	NO	
Does your spouse benefit from an isolation premium without dependants?					YES	NO	
2000 your operate norman isolation premium without dependants.							
SECTION III: ACCORDING TO THE DEFINITION DO YOU HAVE ANY DEPENDANTS?  YES NO							
If yes, complete the table below							
Last Name	First Name	Date of Birth (yyyy/mm/dd)		Name of school attended full time & high school			
				level <sup>2</sup>			
SECTION IV: LOCALITY OF ASSIGNMENT & SIGNATURE							
Frankrian / a City of	<del>-</del>						
Employee's Signature Date							
			_				
Place of Assignment							
<b>SECTION V: INFORMATION</b>							

- <sup>1</sup> **Definition:** A child of an employee, of an employee's spouse or of both, or a child living with the employee for whom adoption procedures have been undertaken, unmarried and living or domiciled in Canada, who depends on the employee for his financial support and who is under eighteen (18) years of age: every child under twenty-five (25) years of age who is a duly registered student attending a recognized learning institution **on a full time basis** or a child of any age who became totally disabled before reaching his eighteenth (18<sup>th</sup>) birthday or before his twenty-fifth (25<sup>th</sup>) birthday, if he was a duly registered student attending a recognized learning institution on a full time basis and has remained continuously disable ever since.
- <sup>2</sup> For College and University levels, proof of admission is necessary.

NOTE: Any modifications are to be reported to the School Board (including for an absence of more than 30 days from the territory).

PLEASE FORWARD THIS FORM TO THE FOLLOWING ADDRESS: srh@csdulittoral.qc.ca