



MSI-21

TEMPORARY WORK ASSIGNMENT

(Please print clearly in ink)

SECTION A - WORKER INFORMATION

Worker's Name Jane Doe SIGNATURE: Jane Doe
(Last name first, in full)

Phone No. 450-632-1763

Address P.O. Box 176 Kahnauake QC J0L1B0
(Street Number and Name) (Town) (Province) (Postal Code)

Position Title: Shelf Stocker & Inventory

Medicare Number: Jand 6501 0123

SECTION B - EMPLOYER INFORMATION

Name of Employer: Johns corner store

Contact Person: John Doe SIGNATURE: John Doe

Address: P.O. Box 1776

Email: johnsstore@hotmail.com

Telephone #: 450-635-1234

SECTION C - NATURE OF THE TEMPORARY ASSIGNMENT

DESCRIPTION: (posture, movements, work schedule etc.)

- inventory
- cashier duties
- payroll

PHYSICIAN NAME: Dr. Ross PHYSICIAN NUMBER: 123456

PHYSICIAN SIGNATURE: Dr. Ross Date:

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Day Month Year