TORONTO CATHOLIC DISTRICT SCHOOL BOARD

WILLIAMS, MARIJAN & ASSOCIATES Inc.

NAME OF CONTRACT WORKER _____

(please print)

CONTRACT WORKER FOR _____/ SCHOOL _____

Name of Student

DATE	SCHOOL	START TIME	FINISH TIME

Month _____ Total no. of hours _____

_____ _____

Signature of CYW Signature of Principal

wm+a (Williams, Marijan & Associates Inc.)

Please submit to: Frank Piddisi
Superintendent of Education, Special Services
Toronto Catholic District School Board
Fax number: 416-512-3442

and wm+a (Williams Marijan and Associates)
Fax number: 416-367-5969

the last day of each month.