



## Schedule of Remittances for Purchase of Prior Years Service

Name of Facility \_\_\_\_\_

Facility Code \_\_\_\_\_

Remittance Period \_\_\_\_\_ to \_\_\_\_\_

**Pregnancy/Parental Leave Prior Year Service Purchase Remittances:**

Employee Name	SIN	EmployEE Contribution	YTD (Jan to Dec) Contribution
\$ Totals			

**Other Prior Year Service Purchase Remittances:**

Employee Name	SIN	EmployEE Contribution	EmployER Contribution	Total Current Contribution	YTD (Jan to Dec) Contribution
\$ Totals					