

Temporary Foreign Worker Reporting Form

submitted as per section 14(1)(a) of The Worker Recruitment and Protection Regulations

Certificate Number :	
Name of Business:	
Name of Employer :	
Name of Temporary Foreign Worker:	
Date Employment Started:	
Residential address of Temporary Foreign Worker:	
Telephone number of Temporary Foreign Worker:	
Job Title of Temporary Foreign Worker:	
Address where Temporary Foreign Worker performs the majority of his/her job duties:	

Date:

Completed By:

As soon as you employ the temporary foreign worker in Manitoba, or upon renewal of the foreign worker's employment, please submit this form by mail or fax to:

Employment Standards Division
604-401 York Avenue
Winnipeg, MB R3C 0P8
Fax: (204) 948-3046

Revised July 27, 2010