

## Additional Service Log Rehab Services

Name_		EE ID						
Primary	/ Site	FTE	Office	of Additional S	Shift	<u> </u>		
Locatio	n							
	Bethesda Regional Hea	116		Department				
	Boundary Trails Health Centre		119		Au	udio - Regular/Outpatient		7146040
	Portage District General Hospital		111		Re	Regional Therapy		71456
					СТ	NM		714602010
Occupation					SL	P - C&Y		714602020
	Admin Secretary 2				SL	P - Adult		7146020
	Audiologist		L174		Jo	rdan's Principle		7145510
	Audiology Screener		L185		01	T - C&Y		7145520
	Audiometrist		L180		07	T - C&Y Contract		7145525
	Clerk 2 CUPE		C100		01	T - Adult		71455
	FASD Coordinator		P242		РТ	Г - C&Y		7145020
	Occupational Therapist		P238		PT	- C&Y Contract		7145025
	Physiotherapist		P237		РТ	- Adult		71450
	Rehab Aide		R201		FA	ASD		715101040
	Speech Language Pathologist		S236		CS			266-71456-N202
					<b>'</b>			
		Description			Number of Additional	ditional		Deller
Date	De			Time of shift	Hours	Fullus	Orientation	Relief
						Comments:		
				Total Hours				
Employee's Signature			. Date					
Lilipioy	ee 3 Signature			Date				
Managers Signature			Date					
							Email form to payrol	I