

**LABOUR MARKET OPINION
CONFIRMATION FOR # 7588232****ANNEX**

System file number: 7588232
Service Canada Centre: 3166 - Foreign Worker Program (Ontario Region)
Service Canada officer: Roz Ahamed
Phone: (416) 954-7330 Fax: (416) 954-3107
Opinion expiry date: 2010-05-18*

**Please note that the Foreign Worker must apply to CIC for a Work Permit prior to this date.*

Employer Information

Employer ID #: 240183**
Employer name: McDonald, Robie Lyn

***Please take note of this number for future reference as this will help in the processing of any future Foreign Worker requests.*

Employer Contact(s)

<u>Contact Name</u>	<u>Contact Phone</u>	<u>Other Phone</u>
McDonald Shawn Brent (primary)	(902) 433-1888	(902) 720-1632

Third Party Information - N/A**Worker Information**

<u>Last name</u>	<u>First name</u>
Dobrytsia	Liudmyla

Job Information

NOC code and title: 6474 - Live-in caregiver
Number of positions: 1
Level of education: Not specified by employer
(as required by employer)
Language requirements:
Oral: English
Written: English
Regulatory body: This occupation is not regulated
Duration of employment: 2 Year(s)
Wage: \$8.60 / Hour
Benefits: 14 day(s) paid holidays
7 day(s) paid sick leave
Computer/satellite TV
Hours of work: 7.5 hour(s) per day
37.5 hour(s) per week
Location(s) of employment: 93 Morgan Dr.
Lawrencetown, NS

Other leave _____ Days of paid sick leave /yr _____

Cost of room and board \$65.00 To be paid weekly monthly

Accommodation: Furnished Private Room yes no

Locked yes no

Private Bath yes no

Medical coverage yes Other benefits _____ Computer access Satellite TV _____

Airfare included yes no X Details _____

Income tax deductions will be taken at source

Contributions will be made by employer to Canada/Quebec Pension Plan and to Employment Insurance

Duration of employment 2 years

4. Terms of Separation

The employer and employee agree to abide by provincial labour standards regarding written notice of termination of employment. (It is recommended that a copy of the relevant portions of provincial labour standards be attached as an appendix.)
 Amendments to this contract must be made in writing and agreed to by both parties.

5. Signature of Employer

I certify that the duties outlined above are accurate and correct.
 I will abide by provincial labour standards.
 I will provide a Record of Employment on termination of employment

Signature: SB McDonald

Date: 23 November 2009

6. Signature of Employee

I have read the undertaking and understand it.

Signature: _____

Date: _____