

## **REGULATION RESPECTING THE MONTHLY REPORT OF THE COMITÉ PARITAIRE DES AGENTS DE SÉCURITÉ**

An Act respecting collective agreement decrees  
(R.S.Q., chapter D-2, s. 22, par. h)

1. The professional employer governed by the Decree respecting security guards (R.S.Q., 1981, chapter D-2, r. 1) must submit to the head office of the Committee, a monthly report signed by the professional employer or by an authorized representative and containing the following information :
  - 1° the complete name, address, date of birth (optional) and social insurance number of each employee in his employ, his qualification and the nature of his work, the number of regular and overtime hours worked each week, the total of such hours, his hourly wages rate and total earnings;
  - 2° the indemnities paid to each employee as annual vacation and general holidays with pay, and any other compensations or benefits having a pecuniary value.
  - 3° The mandatory contributions of the employer to the group registered retirement savings plan and the voluntary contributions by the employees.
2. The monthly report must be transmitted to the head office of the Committee even in the case where no work was performed, on or before the 15th of each month and has to cover the preceding month.
3. The professional employers may use the paper form provided for in Schedule 1 that he or she must send to the parity committee by mail, or the form in computer format that he or she must send to the Committee using the on-line monthly payroll report computer program authorized by the Committee.
4. This regulation comes into force the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.
5. This Regulation shall replace the Levy regulation of the Comité Paritaire des agents de sécurité approved by order in council 832-2014 dated 17 September 2014.

# ANNEXE 1



SEMAINES FINISSANT - WEEKS ENDING AAAAAII-YYYYMMDD	MOIS DE - MONTH OF	RAPPORT MENSUEL DE PAYSÉ MONTHLY PAYROLL REPORT	NOM DE L'EMPLOYEUR EMPLOYER'S NAME
1	4		ADRESSE - ADDRESS
2	5		TEL :
3	6		
N° D'EMPLOYEUR - EMPLOYER NO.			

N° DE PAYSÉ - PAYROLL NO.	GAGES RÉGULIERS - REGULAR WAGES				TOTAL SAL. PAYSÉ TOTAL WAGES PAID	IDENTIFICATION				REER - RRSP Contribution OBLIGATOIRE - Employer's Mandatory contribution				GAGES SUPPLÉMENTAIRES - SUPPLEMENTARY WAGES				AJUSTEMENTS - ADJUSTMENTS													
	CLASS.	TAXY RATE	HRS. RÉG. REG. HRS.	HRS. SUPP. OT HRS.		Nom - Surname	Prénoms - Given name	N.S.S. - S.I.N.	# d'édifice - Street No.	App. No.	Rue - Street	Ville - City	Tél. - Tel.	Code postal Code	Tél. Cell Phone	Date de naissance - Date of birth	Syndical Oui/Non - Union Yes/No	Sexe M/F Gender	No employé - Employee No.	DATE	AMOUNT	OBJET - OBJECT	TYPE	DATE	HEURES HOURS	MONTANT AMOUNT	TYPE	DATE	HEURES HOURS	MONTANT AMOUNT	
1						NOUVELLES COORDONNÉES NEW CONTACT INFORMATION				DATE D'ENTRÉE EN VIGUEUR : EFFECTIVE DATE:																					
2						REER - RRSP Contribution VOLONTAIRE - salarié Employee's VOLUNTARY contribution				AJUSTEMENT DE SALAIRE SEULEMENT WAGE ADJUSTMENTS ONLY																					
3						PRIMES																									
4						PREMIUMS																									
5						TOTAL SALAIRES RÉG. DU MOIS TOTAL MONTHLY REG. WAGES				TOTAL REER OBLIGATOIRE DU MOIS TOTAL MONTHLY MANDATORY RRSP				TOTAL GAGES SUPP. DU MOIS TOTAL MONTHLY SUPPL. WAGES				= GRAND TOTAL \$ 1+2+3+4				SIGNATURE AUTORISÉE LETTRÉS MOULÉES									
6						PRÉL. 0.30 DE 1% SALAIRE LEVY 0.30 OF 1% EMPLOYEE				PRÉL. 0.30 DE 1% EMPLOYEUR LEVY 0.30 OF 1% EMPLOYER				TOTAL REER D'AU C.P. TOTAL RRSP DUE TO C.P.				= 2+5				SIGNATURE CERTIFIÉE - CERTIFIED SIGNATURE									
7																						DATE - DATE									

NOTRE DÉCLARATION QU'IL N'Y A PAS D'ERREUR EST UN COMPTE RENDU D'UN TRAVAIL CORRECT ET NON UNE GARANTIE DE LA VÉRACITÉ DES DONNÉES FOURNIES. LE COMITÉ PARITAIRE DES AGENTS DE SÉCURITÉ N'EST PAS RESPONSABLE DES ERREURS DE CALCUL NI DES OMISSIONS.