

I certify that the Notice of Requirement to Achieve and Maintain Pay Equity has been		
prominently posted in the workplace, on	(date) in
accordance with Section 7.1 of the <i>Pay Equity Act</i> , R.S.O. 1990, Ch. P-17, as amended, together with a copy of this certificate.		
Name of Employer		
Contact Person	I	ı
Last Name	First Name	Middle Initial
Position		
Telephone Number		
Signature		
Send to: Pay Equity Office 180 Dundas Street West, Suite 300 Toronto ON M7A 2S6 Fax: 416-314-8741 Email: AskPayEquity@Ontario.ca		
File Number		

This information is collected under authority of the *Pay Equity Act*, as amended for the purpose of its enforcement. For information concerning the collection and use of this information, please contact Legal Counsel: Pay Equity Office, 180 Dundas Street West, Suite 300, Toronto ON M7A 2S6. Telephone: 416-314-1896 or 1-800-387-8813. TTY: 416-212-3991 or 1-855-253-8333.