



The Following are receipts showing payments of \$250 per week for nanny, who says she worked up to a 16-hour workday, followed by documents provided by a lawyer for the Dhalla family. Documents include a letter nanny Mary Richelyn Tongson signed for the family saying she could have her passport anytime she wanted. Another document is federal government approval for Dhalla's mother to hire Tongson at a salary of \$9.25 per hour.

Received from ~~Tavinder~~ Dhallia  
 amount of CDN \$ 400. before  
 150. I don't owe them anything.  
 they don't owe me anything.

Tavinder Dhallia Magdalene

March 26, 2008

Magdalene Gordo worked at  
 1078 Haydonbridge Crt. on Feb.

4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 18 = 11 Days

we owe her = 550.00

Paid in Advance = 150.00

Taxi Two Times = 100.00

However Total Paid: 400.00

Tavinder Dhallia

Received from  
 reçu de Mrs TAVINDER DHALLA  
 Dhalla one week pay 100 Dollars  
 for Feb. 2008

\$ 250.00

Tax Reg. No.  
N° de taxe

No. 1 Date March 1, 08  
 By Mary Richelyn P. Longson  
 Par Mary Richelyn P. Longson 828800

Received from  
 reçu de Mrs. Tavinder Dhalla  
 Five hundred ~~100~~ Dollars  
 for two weeks house keeping  
March 1, 2008 - to March 14, 2008

\$ 500.00

Tax Reg. No.  
N° de taxe

No. 2 Date March 14, 2008  
 By M. P. Longson  
 Par M. P. Longson 828800

Received from  
 reçu de Mrs. Tavinder Dhalla  
 For two weeks of pay for house keeping 100 Dollars  
at 1078  
Maydenbridge - CA - Misses any & out

\$ 500.00

Tax Reg. No.  
N° de taxe

No. 3 Date March, 31, 2008  
 By M. P. Longson  
 Par M. P. Longson 828800  
March 15, 08 to  
March 31, 08.

Received from Mrs. Javinda Dhalla  
 Recu de Mrs. Javinda Dhalla  
 No. \_\_\_\_\_ Date April 15/08  
 2 weeks of pay APRIL 1-15/2008  
 for 1078 Haydonbridge Court  
 100 Dollars  
 \$ 500  
 Tax Reg. No. \_\_\_\_\_  
 N° de taxe \_\_\_\_\_  
 By \_\_\_\_\_  
 Pay \_\_\_\_\_  
 588800

Received from Mrs. Tarinder Dhalla  
 Recu de Mrs. Tarinder Dhalla  
 No. \_\_\_\_\_ Date April 16-30-08  
 Two weeks pay April 16-30-08  
 Five Hundred Dollars for 1078 Haydonbridge Court  
 House-keeping services  
 \$ 500.00  
 Tax Reg. No. \_\_\_\_\_  
 N° de taxe \_\_\_\_\_  
 By \_\_\_\_\_  
 Pay \_\_\_\_\_  
 588800

Received from Mrs. Tarinder Dhalla  
 Recu de Mrs. Tarinder Dhalla  
 No. \_\_\_\_\_ Date May 15-2008  
 Five Hundred Dollar  
 Two weeks pay May 1-15-08 for  
 1078 Haydonbridge Court Housekeeping services  
 \$ 500.00  
 Tax Reg. No. \_\_\_\_\_  
 N° de taxe \_\_\_\_\_  
 By \_\_\_\_\_  
 Pay \_\_\_\_\_  
 588800

Received from No. \_\_\_\_\_ Date May 30 2008  
 Reçu de Mrs. Tawinder Dhalla  
Five Hundred Dollar 100 Dollars  
Two weeks pay for May 16-30-08  
for 1078 Haydonbridge Ct. Housekeeping  
\$ 500.00 services  
Tax Rec. No. \_\_\_\_\_ By \_\_\_\_\_  
N° de reçu \_\_\_\_\_ Par [Signature]  
5/30/08

I RICHLYN TONGSON am working as house keeper  
at 1078 Haydonbridge Court Mississauga on.

L S V I J A I gave them my papers & Passport  
to Dr Neil Dhallia for apply sponsorship with my  
own wishes & I can take my papers  
back any time when ever I want.

They are paying me \$600.00 After  
every two weeks. on 15th & 30th of  
every month. They apply for my papers, they said  
if I want to stay I can stay, if I want to go  
I can go & I can feel free to go anytime.  
But they apply my sponsorship

NRRTongson

DO NOT FORGET TO SIGNATURES THEY RECEIVE IT, AB PKG SENT, LEFT VOICE MAIL FOR SANDRA

MR. [Signature]

7:15 PM

7:20 P.M. from Dr. Neal Dhall

my papers back on May 29.02

I received my passport of all

MAY-30-08 14:52 FROM-

T-185 P.001/004 F-041



Human Resources and Skills Development Canada

Ressources humaines et Développement des compétences Canada

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2008 05 30

Number of Pages  
Nombre de pages 4

TO  
À

Name - Nom  
Neil Dhalla

Address - Adresse  
FAX: ~~905-826-8020~~

905-826-8020

Telephone No. - N° de téléphone  
( ) -

Facsimile No. - N° de télécopieur  
( ) -

FROM  
DE

Name - Nom  
Jaspal Brar

Address - Adresse  
Service Canada  
Foreign Worker Program  
P.O. Box 6500  
Toronto, Ontario  
M3M 3K4  
Fax: 416-954-3107 or toll free 1 866-720-6094

Telephone No. - N° de téléphone  
(416) 952-6912

Facsimile No. - N° de télécopieur  
( ) -

SUBJECT - OBJET

Regarding Confirmation # 7390340  
Original in the mail with the corrected POSTAL CODE.

Operator - Opérateur(trice)

Telephone No. - N° de téléphone

( ) - [ ]

**LABOUR MARKET OPINION  
CONFIRMATION FOR # 7390340**

Service Canada Centre # 3186  
Foreign Worker Program (Ontario Region)  
P.O. Box 6500 Toronto LCD  
Downsview A, ON M3M 3K4

2008-05-30

Neil Dhalla  
1078 Haydonbridge Court  
Mississauga, ON L5V 1J4

ER ID# 230092

Dear Neil Dhalla,

Based on an assessment of the labour market, Service Canada (SC) has issued a **positive Labour Market Opinion (LMO)**, and has confirmed your offer(s) of employment to the foreign worker(s) identified in the attached annex.

This SC labour market opinion is based on the information in your application, which is **outlined in the attached annex**. This confirmation is provided with the understanding that all legal requirements, with respect to employment, are followed.

These requirements include, but are not limited to:

- All workers in Canada, including foreign workers, are protected by the relevant labour and employment laws.
- All workers in Canada are entitled to work in a safe workplace where their health is protected.
- If an employer does not pay the wages to which a worker is entitled, workers - including foreign workers - can file a complaint with the federal, provincial or territorial department responsible for employment standards.

For more information on employment standards in your area, visit: [www.hrsdc.gc.ca/en/lp/lo/lswa/lp/provincial.shtml](http://www.hrsdc.gc.ca/en/lp/lo/lswa/lp/provincial.shtml)

This positive LMO, including the annex, must be submitted by the foreign worker to CIC as part of each worker's application to receive a work permit. This LMO confirmation is **only one of CIC's many requirements** in issuing a work permit. It does not authorize the foreign worker(s) to enter, remain or work in Canada. That decision is the responsibility of CIC. Also note that in addition to the LMO confirmation, CIC expects the worker(s) to submit a copy of the employment contract signed by you and the worker(s) prior to issuing the work permit. The conditions and benefits outlined in the employment contract must be consistent with the information in this LMO confirmation (e.g. wages, hours of work, etc.).

Please keep a copy of these documents for your records, and forward a copy to the prospective foreign worker(s). As well, kindly advise this Service Canada Centre and each foreign national if you no longer require his/her services as a worker, or if you need to cancel your job offer prior to the entry of the worker to Canada.



**LABOUR MARKET OPINION  
CONFIRMATION FOR # 7390340**

**ANNEX**

System file number: 7390340  
 Service Canada Centre: 3166 - Foreign Worker Program (Ontario Region)  
 Service Canada officer: Jaspal Brar  
 Phone: (416) 952-6912  
 Opinion expiry date: 2009-05-30\*

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

**Employer Information**

Employer ID #: 230092\*\*  
 Employer name: Dhalla, Neil

\*\*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>
Neil Dhalla (primary)	(905) 821-6996	(905) 791-7911

**Third Party Information - N/A**

**Worker Information**

<u>Last name</u>	<u>First name</u>
Tongson	Mary Richelyn

**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: 39 Month(s)  
 Wage: \$9.25 / Hour  
 Benefits: 10 day(s) paid holidays  
           2 day(s) paid sick leave  
 Hours of work: 8 hour(s) per day  
                   40 hour(s) per week  
 Location(s) of employment: 1078 Haydonbridge Court  
                                   Mississauga, ON

**APPOINTMENT OF REPRESENTATIVE**

To Human Resources and Skills Development Canada:

FOR THE PURPOSES OF AN APPLICATION FOR A FOREIGN LIVE-IN CAREGIVER.

I, N/A, residing at \_\_\_\_\_  
(name of employer)

\_\_\_\_\_  
\_\_\_\_\_  
(full address)

Telephone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

hereby appoint \_\_\_\_\_  
(name of representative)

of \_\_\_\_\_  
\_\_\_\_\_  
(full address)

Telephone Number: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

as my representative to act on my behalf in relation to obtaining from Human Resources and Skills Development Canada a temporary employment confirmation of an offer of employment for

\_\_\_\_\_  
(name of individual to whom employment has been offered)

I hereby agree to ratify and confirm all that my representative shall do or cause to be done by virtue of this appointment.

This appointment shall remain in full force and effect until \_\_\_\_\_ unless due notice in writing of its revocation has been given to HRSDC.

\_\_\_\_\_  
(signature of employer) \_\_\_\_\_  
date (yyyy-mm-dd)

\_\_\_\_\_  
(print name of employer)

Personal Information is administered in accordance with the Privacy Act. It will be retained in Personal Information Bank HRDC PPU 440. Individuals have the right to access their personal information. For instructions, please consult the government publication Info Source found in Human Resources Centres and available at the web site: <http://infosource.gc.ca>



Human Resources and Skills Development Canada

Ressources humaines et Développement des compétences Canada

Please Print

PROTECTED WHEN COMPLETED - B

### FOREIGN LIVE-IN CAREGIVER APPLICATION

**FILL OUT THIS APPLICATION ONLY IF:** You are an employer (or an authorized third party) who has made an offer of employment to a foreign live-in caregiver. Please note the new regulatory requirement for a signed employment contract with the foreign live-in caregiver. (A sample contract can be found on the CIC site at: [http://www.cic.gc.ca/english/public/caregiver/caregiver\\_4.html#3](http://www.cic.gc.ca/english/public/caregiver/caregiver_4.html#3)) Information on this form should match information on the employment contract.

In completing this form, please keep in mind the definition of a live-in caregiver as stated in the *Immigration and Refugee Protection Act and Regulations*:

A "live-in caregiver" means a person who resides in and provides child care, senior home support care or care of the disabled without supervision in the private household in Canada where the person being cared for resides.

EMPLOYER INFORMATION					
1 Employer ID # (if applicable)	2 Given Name(s) <b>NEIL</b>		3 Family Name <b>DHALLA</b>		
4 Telephone (Home) <b>(905) 821-6996</b>	5 Telephone (Work) <b>(905) 791-7911</b>	6 Address (Number/Street/PO Box #) <b>1070 HAYDON BRIDGE COURT</b>			
7 City <b>MISSISSAUGA</b>	8 Province <b>ONTARIO</b>	9 Postal Code <b>L5V 1J2</b>	10 E-Mail <b>neildhalla@hotmail.com</b>		
11 Fax ( ) -	12 Have you previously employed a foreign live-in caregiver? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13 Preferred Official Language of Correspondence? <input checked="" type="checkbox"/> English <input type="checkbox"/> French		
EMPLOYER'S SPOUSE					
Complete this section only if spouse's address is not the same as the employer's					
14 Given Name(s) <b>N/A</b>		15 Family Name			
* THIRD PARTY INFORMATION (if applicable)					
16 Company Name <b>N/A</b>		17 Third Party Representative authorized to act for employer			
18 Preferred Official Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French		19 Address (Number/Street/PO Box #)			
20 City	21 Province		22 Postal Code		
23 Telephone Number ( ) -	Extension	24 Fax Number ( ) -	25 E-Mail		
* If you are a third party representative acting on behalf of an employer, written authorization from the employer to act on his/her behalf is required. Employers who wish to have third party representation should fill out the "Appointment of Representative" sheet attached to this form. HRSDC reserves the right to contact the employer directly if necessary.					
DETAILS OF JOB OFFER					
28 Expected duration of employment <b>39</b> months years					
27 Relationship of designated individual (person being cared for) to Employer <b>MOTHER</b>		The live-in caregiver must provide care for at least one designated individual. A designated individual is defined as: a child (person under 18), an elderly person (65 or older), or a person with a disability.  Details of individuals to be cared for are as follows:			
		Child Care <input type="checkbox"/>	Care of senior citizen <input checked="" type="checkbox"/>	Care of person with disability <input checked="" type="checkbox"/>	
		Child Care <input type="checkbox"/>	Care of senior citizen <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>	
		Child Care <input type="checkbox"/>	Care of senior citizen <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>	
		Child Care <input type="checkbox"/>	Care of senior citizen <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>	
		Child Care <input type="checkbox"/>	Care of senior citizen <input type="checkbox"/>	Care of person with disability <input type="checkbox"/>	

**DETAILS OF JOB OFFER (con't)**

Note: To meet the regulatory requirement of the live-in caregiver program the live in caregiver's main duties must involve care of a designated individual.

28 Main duties of job

To provide care for my mother who has a disability which makes it difficult for her to walk + stand for long periods. Caregiver will care for my mother (personal care needs) + housekeeping duties (laundry, vacuuming).

A live-in caregiver is required to have a high school education.  
A live-in caregiver is required to have the ability to both speak and write in at least one of the official languages.

29 Language requirements:

Oral:  English  French  Other      Written:  English  French  Other

If Other, please explain

30 Hourly wage / Monthly wage \$ 9.25	31 Total hours of work per day 8	32 Total hours of work per week 40	33 Number of days off per week 2 days - Sat + Sun
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**IN THE EVENT THAT THE FOREIGN LIVE-IN CAREGIVER WORKS LESS THAN FULL-TIME HOURS IN ANY PARTICULAR WEEK, SHE/HE MUST BE COMPENSATED FOR FULL-TIME WORK.**

**A FOREIGN LIVE-IN CAREGIVER IS CONSIDERED TO BE WORKING IF REQUIRED TO BE IN THE EMPLOYER'S HOME.**  
(Please note that foreign live-in caregivers cannot be on call 24 hours/day.)

34 Room & board \$ 369.42 <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	35 Number of paid vacation days 10	36 Number of paid sick days 2	37 Private furnished accommodation provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	38 Other benefits
--	---------------------------------------	----------------------------------	---	-------------------

39 Have you attempted to recruit Canadians/permanent residents for this job? (Check with HRSDC office in your region to determine if this requirement is mandatory.)

- Yes If yes, provide details of your recruitment efforts and the results. (Attach supporting documentation such as advertisements in local newspapers, etc.)
- No If no, please explain.

Caregiver already resides in Canada

**FOREIGN LIVE-IN CAREGIVER INFORMATION**

40 Name of Live-in Caregiver Family Name: TONGSON		41 Given Name(s): MARY RICHELYN	42 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
43 Date of Birth (yyyy-mm-dd): 1972-12-23	44 Country of Residence (where worker currently lives): CANADA	45 Citizenship: PHILLIPINES	
46 If the live-in caregiver is currently in Canada, please indicate the immigration status:			
<input checked="" type="checkbox"/> foreign worker (live-in caregiver)	<input type="checkbox"/> foreign worker (not live-in caregiver)	<input type="checkbox"/> refugee claimant	<input type="checkbox"/> visitor <input type="checkbox"/> student

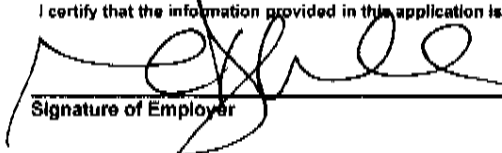
**DECLARATION OF EMPLOYER**

I understand the information contained on this form and on any sheet attached thereto, including information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information and personal information collected by Human Resources and Skills Development Canada (HRSDC) for the purpose of providing a labour market opinion pursuant to the *Immigration and Refugee Protection Regulations* shall be used by HRSDC and shared with Citizenship and Immigration Canada (CIC) solely for that purpose. I understand that this information may also be shared with federal, provincial, and/or territorial departments or agencies as well as with municipal governments, unions, associations and other appropriate organizations for the same purpose. Finally, I understand that this information may also be used by HRSDC and shared with CIC for policy analysis, research and/or evaluation in relation to the entry and hiring of foreign workers to Canada or the *Immigration and Refugee Protection Act*.

I understand that I have no obligation to complete and sign this application, but that failure to do so may prevent HRSDC from providing a labour market opinion as required by the *Immigration and Refugee Protection Regulations*.

Authority to collect the information contained on this form and on any sheet attached thereto, including any information that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other information and personal information collected by HRSDC for the purposes described above is provided under the *Department of Human Resources Development Act* and the *Immigration and Refugee Protection Act*. Once under the control of HRSDC, the information contained in this form and on any sheet attached thereto that qualifies as personal information within the meaning of the *Privacy Act*, as well as any other personal information collected by HRSDC for these purposes is administered in accordance with the *Privacy Act*. The *Privacy Act* gives individuals the right to access their personal information under the control of a federal government institution. Instructions for making formal requests are outlined in the publication *Info Source*, copies of which are located at all Human Resources Centres of Canada or at the following internet address: <http://infosource.gc.ca>. The personal information collected by HRSDC for the purposes described above will be retained in Personal Information Bank "HRDC PPU 440".

I certify that the information provided in this application is true and accurate.

  
Signature of Employer

DR. NEIL DHALLA  
Printed Name of Employer

APRIL 14/08  
Date

**SIGNATURE OF THIRD PARTY (if applicable)**

I certify that the information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Third Party Representative

\_\_\_\_\_  
Printed Name of Third Party Representative

\_\_\_\_\_  
Date

**INFORMATION FOR EMPLOYERS**

Please forward this application to the HRSDC office responsible for processing foreign worker applications.  
For the list of appropriate HRSDC offices consult the National Foreign Worker website at:  
[http://www.hrdc.gc.ca/en/gateways/where\\_you\\_live/menu.html](http://www.hrdc.gc.ca/en/gateways/where_you_live/menu.html)  
or  
consult the blue pages of your telephone directory under Government of Canada.

Once an Officer assesses this application, the employer will be notified of the decision.

1-866 720 60 94