



**Compliance Report  
Compensation Arrangements**

Pursuant to Section 7.18 of the *Broader Public Sector  
Accountability Act, 2010*, S.O. 2010, Chapter 25

**Name of Employer**

Hotel Dieu Shaver Health and Rehabilitation Centre, St. Catharines, Ontario

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With regard to the *Broader Public Sector Accountability Act, 2010*, Part II.1, Compensation Arrangements, and the compensation plans of designated executives and designated office holders of the employer as well as with respect to the employer's performance pay envelopes, I certify that to the best of my knowledge and belief, the employer has complied with the restraint measures throughout the reporting period in accordance with the *Broader Public Sector Accountability Act, 2010*, Part II.1, Compensation Arrangements.

**Highest Ranking Officer**

Last Name

Rufrano

First Name

Jane

Middle Initial

C.

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Position Title

Chief Executive Officer/Chief Financial Officer

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**Reporting Period**

Start Date (yyyy/mm/dd)

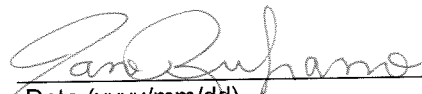
2016/04/01

End Date (yyyy/mm/dd)

2017/03/31

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Signature

  
Date (yyyy/mm/dd)

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2017/04/01

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