

REC	ORD OF EMP	LO	YMENT (RO	E)									Protected	when co	mplete	d - B
1	SERIAL NO.	2	L NO. OF ROE AMENDED	O OR REPLACED	OR REPLACED 3 EMP				EMPLOYER'S PAYROLL REFERENCE NO.							
	M0412180)4					290									
4	EMPLOYER'S NAME A	ND A	ADDRESS		0-10-			5	5 CRA PAYROLL ACCOUNT NUMBER							
NIS	SHNAWBE-ASKI	L	EGAL SERVI	CES				137530606RP0001								
138	BB MISSION R	D						PAY PERIOD TYPE								
100000000000000000000000000000000000000	RT WILLIAM						B - Bi-weekly									
FI	RST NATION O	N					7 POSTAL CODE	8	8 SOCIAL INSURANCE NO.							
0.0000000	nada						P7J1K7		544-286-602							
9								10	FIRST DA	Y WORK	ED	: .		M - 1 4	Y	
	AMBER ECHUM 104 DOME AV	mp			278	LAST DAY	/ FOR W	HICH PAIR			7 2 v	2021 Y				
	SOUTH PORCU			PON1HO	11 LAST DAY FOR WHICH PAID				0.00	Ala a di		2023	2			
	ON, Canada						LONINO	12						и и	Y	_
	J., Januar								FINAL PAY PERIOD ENDING DATE D						2023	3
13	OCCUPATION			14	EXPECTE	D DATE	OF RECA			и	Y	-				
	VICTIM WITNESS LIAISON											RETURNING				
										OWN	X	RETURNING				
15A	TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 1850					16 REASON FOR IS	SSUING THIS	ROE					_			
	AGGGRENG TO GIVE	MINOLL	1050	Dismissal o	sion						M					
15B	TOTAL INSURABLE EA	ADNI	INGS [FOR FURTHER INFOR	MATION, CO	ONTACT			•••••	•••••			
	ACCORDING TO CHAI		NI DACE 2	\$		27,789.49	Colette Shwe	etz, HR	Mana	ger						
			Į.			21,103.43	TELEPHONE NO.	777	7) 622		3					
15C												HAN REGULAR F		IN OR I	4	
	FINAL (MOST RECENT PERIOD AS PER THE			J. EN	EK	DETAILS BY PAY	A - VACATION PAY									
l —		_		_	_							\$			T	٦
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS		P.P.	INSURABLE EARNINGS						•				
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\vdash			•				4 B - STATUTORY HOLIC	DAY PAY FO	R		2					
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\vdash		_	1,923.	-	_		C - OTHER MONIES (S.	PECIFY)								
19	1,923.08	-		_	-	1,923.08	-11					\$			1	
22	1,923.08	23	1,923.	.08	24	1,923.08	3					¥				
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\vdash							4					\$				
37		38			39		START DATE (D/M/Y	1 ·			END D	ATE (D/M/Y):				
40		41			42				DENTAL IC	OMBASS		ARE/FAMILY CAP	PECIVED	EAVE		
43		44			45		OR GROUP WA					ARE/FAMILT CAP	REGIVER			
46		47			48		1	STAF D M	RT DATE Y		DATE M Y	AMO	TNL	PE	R PE Y WI	
49		50			51		PSL	D M				\$			ПГ	J
		-			31		WLI - Not ins.					\$				
52		53					WLI - Ins.					\$				J
18	COMMENTS						MAT/PAR/CC/FC					\$]
	S. Control of the Con						20 COMMUNICATIO	ON PREFERI	RED IN			21 TELEPHO	NE NO.			
							X English ☐ French (807) 887-4									
						1 AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.										
							Name of Issuer									

Version 12.6.0

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Colette Shwetz

