

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M06666908	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO. 354	5 CRA PAYROLL ACCOUNT NUMBER 137530606RP0001																																																																																																																		
4 EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD FORT WILLIAM FIRST NATION ON Canada		6 PAY PERIOD TYPE B - Bi-weekly	7 POSTAL CODE P7J1K7																																																																																																																		
9 EMPLOYEE'S NAME AND ADDRESS APRIL CHAPMAN OKIMAW RD 2273, PO BOX 199 BIG TROUT LAKE ON, Canada		8 SOCIAL INSURANCE NO. 563-743-483	10 FIRST DAY WORKED D M Y 22 05 2023																																																																																																																		
13 OCCUPATION		11 LAST DAY FOR WHICH PAID D M Y 05 04 2024	12 FINAL PAY PERIOD ENDING DATE D M Y 05 04 2024																																																																																																																		
15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 1702		14 EXPECTED DATE OF RECALL D M Y <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING																																																																																																																			
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 32,786.29		16 REASON FOR ISSUING THIS ROE Maternity F																																																																																																																			
15C THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.		FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager TELEPHONE NO. (807) 622-1413																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> </tr> </thead> <tbody> <tr><td>1</td><td>1,929.46</td><td>2</td><td>5,468.64</td><td>3</td><td>1,929.46</td></tr> <tr><td>4</td><td>1,929.46</td><td>5</td><td>4,136.98</td><td>6</td><td>1,826.92</td></tr> <tr><td>7</td><td>1,826.92</td><td>8</td><td>1,826.92</td><td>9</td><td>1,826.92</td></tr> <tr><td>10</td><td>1,826.92</td><td>11</td><td>2,776.92</td><td>12</td><td>1,826.93</td></tr> <tr><td>13</td><td>1,826.92</td><td>14</td><td>1,826.92</td><td>15</td><td>1,826.92</td></tr> <tr><td>16</td><td>1,826.92</td><td>17</td><td>1,826.92</td><td>18</td><td>1,826.92</td></tr> <tr><td>19</td><td>1,826.92</td><td>20</td><td>1,826.92</td><td>21</td><td>1,826.92</td></tr> <tr><td>22</td><td>1,826.92</td><td>23</td><td>1,826.92</td><td>24</td><td></td></tr> <tr><td>25</td><td></td><td>26</td><td></td><td>27</td><td></td></tr> <tr><td>28</td><td></td><td>29</td><td></td><td>30</td><td></td></tr> <tr><td>31</td><td></td><td>32</td><td></td><td>33</td><td></td></tr> <tr><td>34</td><td></td><td>35</td><td></td><td>36</td><td></td></tr> <tr><td>37</td><td></td><td>38</td><td></td><td>39</td><td></td></tr> <tr><td>40</td><td></td><td>41</td><td></td><td>42</td><td></td></tr> <tr><td>43</td><td></td><td>44</td><td></td><td>45</td><td></td></tr> <tr><td>46</td><td></td><td>47</td><td></td><td>48</td><td></td></tr> <tr><td>49</td><td></td><td>50</td><td></td><td>51</td><td></td></tr> <tr><td>52</td><td></td><td>53</td><td></td><td></td><td></td></tr> </tbody> </table>		P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	1	1,929.46	2	5,468.64	3	1,929.46	4	1,929.46	5	4,136.98	6	1,826.92	7	1,826.92	8	1,826.92	9	1,826.92	10	1,826.92	11	2,776.92	12	1,826.93	13	1,826.92	14	1,826.92	15	1,826.92	16	1,826.92	17	1,826.92	18	1,826.92	19	1,826.92	20	1,826.92	21	1,826.92	22	1,826.92	23	1,826.92	24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53				17 ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.	
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18 COMMENTS		19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT																																																																																																																			
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		20 COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French	21 TELEPHONE NO. (807) 887-4256																																																																																																																		
		22 I AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.																																																																																																																			
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