

REC	ORD OF EMPL	O.	YMENI (ROE	=)							
1 SERIAL NO. OF ROE AMENDED						OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO.				
M06381933							185				
4 EMPLOYER'S NAME AND ADDRESS								5 CRA PAYROLL ACCOUNT NUMBER			
NISHNAWBE-ASKI LEGAL SERVICES								137530606RP0001			
138B MISSION RD							6 PAY PERIOD TYPE				
FORT WILLIAM								B - Bi-weekly			
FIRST NATION ON						7 POSTAL CODE	8 SOCIAL INSURANCE				
Canada						P7J1K7	484-488-9				
9 EMPLOYEE'S NAME AND ADDRESS							10 FIRST DAY WORK	ED	D M	Υ	
	SUSAN CHEECH								24 01	2023	
	P.O. BOX 292	2					11 LAST DAY FOR WI	HICH PAID	D M	Υ	
	MOOSE FACTOR	RY				POL1WO			22 03	2024	
	ON, Canada						12 FINAL PAY PERIO	D ENDING DATE	D M	Υ	
									22 03	2024	
13	OCCUPATION						14 EXPECTED DATE	OF RECALL	D M	Y	
	TALK FACILITATOR						UNKNOWN	X NOT RETURNING	1	1	
						16 REASON FOR ISS	PLUING THIS POE				
15A	ACCORDING TO CHART ON PAGE 2 1897					16 REASON FOR ISS	SOMO THIS ROL				
						Dismissal or suspension					
45D						FOR FURTHER INFORMATION, CONTACT					
15B	ACCORDING TO CHART ON PAGE 2				00 000 45	Colette Shwetz, HR Manager					
			Ľ	Ψ	28,030.45	TELEPHONE NO.	(807) 622-141				
15C	C THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE					17 ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN					
	FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.					ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.					
	PERIOD AS PER THE C	JIMI	RI ON PAGE 2.			A - VACATION PAY			•		
P.P.	INSURABLE		INSURABLE	P.P	INSURABLE				\$		
P.P.	EARNINGS	P.P.	EARNINGS	P.P	EARNINGS	START DATE (D/M/Y):		END DATE (D/M/Y):			
1	2,186.07	2	993.	68 3	1,987.35		AY PAY FOR				
4	1,987.35	5	1,987.	30 6	1,987.30			D M Y			
						1	\$		\$		
7	1,987.30	0	1,987.	_	1,987.30	1	\$		\$		
10	2,990.30	11	1,987.	30 12	1,987.30		\$		\$		
13	1,987.30	14	1,987.	30 15	1,987.30		\$		\$		
16	1,987.30	17	1,987.	30 18	1,987.30		\$		\$		
$ \cdot $		-				C OTHER MONIES (SE	PECIFY)				
19	1,987.30	_	1,987.			-li			\$		
22	1,935.24	23	1,929.	46 24	1,929.46				*		
25	1,929.46	26	1,929.	46 27	1,923.08	START DATE (D/M/Y):	:	END DATE (D/M/Y):			
28		29		30					\$	1	
				_		1			•		
31		32		33		START DATE (D/M/Y):		END DATE (D/M/Y):			
34		35		36					\$	1	
37		38		39					85 8		
		41		42		START DATE (D/M/Y):		END DATE (D/M/Y):			
40					 	19 PAID SICK/MATI	ERNITY/PARENTAL/COMPASS	SIONATE CARE/FAMILY	CAREGIVER LE	AVE	
43		44		45		OR GROUP WA	GE LOSS INDEMNITY PAYMEI START DATE END		MOUNT	PER PER	
46		47		48				M Y		DAY WEEK	
49		50		51		PSL		\$		부부부	
\vdash		-				WLI - Not ins.		\$		부부부	
52		53	<u> </u>		L	WLI - Ins.		\$		1414	
18	COMMENTS					MAT/PAR/CC/FC		\$			
	. :						N PREFERRED IN	21 TELEF	PHONE NO.		
						X English	☐ French	(807) 88	37-4256		
						22 I AM AWARE TH	1 AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.				
						HEREBY CERTI					
						Name of Issuer					
						Colette			D N		
F						Shwetz			02 0	4 2024	

Nersion 12.6.0

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