

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M05796800	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO. 430	5 CRA PAYROLL ACCOUNT NUMBER 137530606RP0002																																																																																																																																																																										
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	8 SOCIAL INSURANCE NO. 492-660-980																																																																																																																																																																										
9 EMPLOYEE'S NAME AND ADDRESS JOHN SUTHERLAND 423 - B ELEVENTH AVE COCHRANE ON, Canada		7 POSTAL CODE P7J1K7	10 FIRST DAY WORKED D M Y 05 01 2023																																																																																																																																																																										
13 OCCUPATION BAIL BED WORKER		11 LAST DAY FOR WHICH PAID D M Y 31 01 2024	12 FINAL PAY PERIOD ENDING DATE D M Y 09 02 2024																																																																																																																																																																										
15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 1920		16 REASON FOR ISSUING THIS ROE Shortage of work / End of contract or season A																																																																																																																																																																											
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 27,598.95		FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager TELEPHONE NO. (807) 622-1413																																																																																																																																																																											
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.		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.																																																																																																																																																																											
<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>599.94</td><td>2</td><td>1,856.97</td><td>3</td><td>2,224.08</td></tr> <tr><td>4</td><td>2,431.21</td><td>5</td><td>1,599.85</td><td>6</td><td>1,971.25</td></tr> <tr><td>7</td><td>3,119.77</td><td>8</td><td>1,942.68</td><td>9</td><td>1,742.71</td></tr> <tr><td>10</td><td>2,511.19</td><td>11</td><td>1,856.97</td><td>12</td><td>2,428.35</td></tr> <tr><td>13</td><td>914.20</td><td>14</td><td>2,399.78</td><td>15</td><td>2,623.93</td></tr> <tr><td>16</td><td>2,399.78</td><td>17</td><td>2,399.78</td><td>18</td><td>2,285.50</td></tr> <tr><td>19</td><td>2,171.23</td><td>20</td><td>2,171.23</td><td>21</td><td>2,285.50</td></tr> <tr><td>22</td><td>2,399.78</td><td>23</td><td>2,285.50</td><td>24</td><td>2,056.95</td></tr> <tr><td>25</td><td>2,285.50</td><td>26</td><td>2,285.50</td><td>27</td><td>2,285.50</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	599.94	2	1,856.97	3	2,224.08	4	2,431.21	5	1,599.85	6	1,971.25	7	3,119.77	8	1,942.68	9	1,742.71	10	2,511.19	11	1,856.97	12	2,428.35	13	914.20	14	2,399.78	15	2,623.93	16	2,399.78	17	2,399.78	18	2,285.50	19	2,171.23	20	2,171.23	21	2,285.50	22	2,399.78	23	2,285.50	24	2,056.95	25	2,285.50	26	2,285.50	27	2,285.50	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				A - VACATION PAY \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ B - STATUTORY HOLIDAY PAY FOR <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>D</th> <th>M</th> <th>Y</th> <th>\$</th> <th>D</th> <th>M</th> <th>Y</th> <th>\$</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> <tr><td></td><td></td><td></td><td>\$</td><td></td><td></td><td></td><td>\$</td></tr> </tbody> </table> C - OTHER MONIES (SPECIFY) \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____		D	M	Y	\$	D	M	Y	\$				\$				\$				\$				\$				\$				\$				\$				\$				\$				\$				\$				\$
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS																																																																																																																																																																								
1	599.94	2	1,856.97	3	2,224.08																																																																																																																																																																								
4	2,431.21	5	1,599.85	6	1,971.25																																																																																																																																																																								
7	3,119.77	8	1,942.68	9	1,742.71																																																																																																																																																																								
10	2,511.19	11	1,856.97	12	2,428.35																																																																																																																																																																								
13	914.20	14	2,399.78	15	2,623.93																																																																																																																																																																								
16	2,399.78	17	2,399.78	18	2,285.50																																																																																																																																																																								
19	2,171.23	20	2,171.23	21	2,285.50																																																																																																																																																																								
22	2,399.78	23	2,285.50	24	2,056.95																																																																																																																																																																								
25	2,285.50	26	2,285.50	27	2,285.50																																																																																																																																																																								
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																																																																																																																																																																											
D	M	Y	\$	D	M	Y	\$																																																																																																																																																																						
			\$				\$																																																																																																																																																																						
			\$				\$																																																																																																																																																																						
			\$				\$																																																																																																																																																																						
			\$				\$																																																																																																																																																																						
			\$				\$																																																																																																																																																																						
			\$				\$																																																																																																																																																																						
18 COMMENTS		19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT																																																																																																																																																																											
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>START DATE</th> <th>END DATE</th> <th>AMOUNT</th> <th>PER DAY</th> <th>PER WEEK</th> </tr> <tr> <th></th> <th>D M Y</th> <th>D M Y</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>PSL</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WLI - Not ins.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WLI - Ins.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MAT/PAR/CC/FC</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			START DATE	END DATE	AMOUNT	PER DAY	PER WEEK		D M Y	D M Y				PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Not ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																						
	START DATE	END DATE	AMOUNT	PER DAY	PER WEEK																																																																																																																																																																								
	D M Y	D M Y																																																																																																																																																																											
PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
WLI - Not ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
		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.																																																																																																																																																																											
		Name of Issuer Colette Shwetz D M Y 28 02 2024																																																																																																																																																																											