

CORD OF EMPLOYMENT (ROE) EMPLOYER'S PAYROLL REFERENCE NO. SERIAL NO. OF ROE AMENDED OR REPLACED 3 SERIAL NO 2 327 M06080472 5 CRA PAYROLL ACCOUNT NUMBER 4 EMPLOYER'S NAME AND ADDRESS 137530606RP0001 NISHNAWBE-ASKI LEGAL SERVICES PAY PERIOD TYPE 138B MISSION RD B - Bi-weekly FORT WILLIAM FIRST NATION ON SOCIAL INSURANCE NO. POSTAL CODE 533-724-068 P7J1K7 Canada D M FIRST DAY WORKED 9 EMPLOYEE'S NAME AND ADDRESS 23 05 2023 LOLA QUILL LAST DAY FOR WHICH PAID М D 28 LAGOON ROAD, PO BOX 299 2024 23 02 POV2LO **PIKANGIKUM** FINAL PAY PERIOD ENDING DATE D 84 ON. Canada 23 02 2024 EXPECTED DATE OF RECALL M OCCUPATION 13 X NOT RETURNING UNKNOWN 16 REASON FOR ISSUING THIS ROE TOTAL INSURABLE HOURS 1358 ACCORDING TO CHART ON PAGE 2 M Dismissal or suspension FOR FURTHER INFORMATION, CONTACT 15B TOTAL INSURABLE FARNINGS Colette Shwetz, HR Manager ACCORDING TO CHART ON PAGE 2 30,613.48 TELEPHONE NO. (807) 622-1413 ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE 17 ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE. FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2. A - VACATION PAY \$ **INSURABLE** INSURABLE INSURABLE P.P **EARNINGS** EARNINGS **FARNINGS** END DATE (D/M/Y): START DATE (D/M/Y): 2,081.27 2,081.10 1 2,477.01 2 B - STATUTORY HOLIDAY PAY FOR D 2,081.10 D 4 2,081.10 5 2,081.10 6 2,081.10 3,163.10 7 2,081.10 8 \$ 2,081.10 10 2,081.10 11 2,081.10 12 \$ \$ \$ 2,081.10 1,248.66 \$ 13 2,081.10 14 \$ 18 2,081.10 16 1,456.77 17 2,081.10 C - OTHER MONIES (SPECIFY) 2,081.10 20 19 1,872.99 \$ 22 23 24 END DATE (D/M/Y): START DATE (D/M/Y): 26 27 25 30 \$ 29 28 32 33 31 END DATE (D/M/Y) START DATE (D/M/Y): 36 35 34 \$ 39 37 END DATE (D/M/Y): START DATE (D/M/Y): 42 41 40 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE 19 OR GROUP WAGE LOSS INDEMNITY 45 43 PER PER END DATE AMOUNT START DATE DAY WEEK 47 48 46 D M \$ PSL 49 50 51 \$ WLI - Not ins. 53 52 \$ WLI - Ins \$ MAT/PAR/CC/FC 18 COMMENTS 21 TELEPHONE NO. 20 COMMUNICATION PREFERRED IN X English French (807) 887-4256 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 М 03 2024 Shwetz 15

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