

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>M05796801</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO. <b>442</b>																																																																																																																		
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>NISHNAWBE-ASKI LEGAL SERVICES</b> <b>138B MISSION RD</b> <b>FORT WILLIAM</b> <b>FIRST NATION ON</b> <b>Canada</b>		<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>137530606RP0002</b>																																																																																																																		
<b>7</b> POSTAL CODE <b>P7J1K7</b>		<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>KRYSTLE BOETTO</b> <b>45 Hudson Crescent</b> <b>Timmins</b> <b>ON, Canada</b>		<b>8</b> SOCIAL INSURANCE NO. <b>520-859-000</b>																																																																																																																		
<b>13</b> OCCUPATION <b>Bail Bed Worker</b>		<b>10</b> FIRST DAY WORKED D M Y <b>05 06 2023</b>																																																																																																																		
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>1242</b>		<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>31 01 2024</b>																																																																																																																		
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <b>\$ 28,724.68</b>		<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>09 02 2024</b>																																																																																																																		
<b>15C</b> 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.		<b>14</b> EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING																																																																																																																		
<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>724.74</td><td>2</td><td>2,142.66</td><td>3</td><td>1,816.53</td></tr> <tr><td>4</td><td>2,499.78</td><td>5</td><td>2,199.80</td><td>6</td><td>1,599.85</td></tr> <tr><td>7</td><td>2,758.90</td><td>8</td><td>2,296.03</td><td>9</td><td>2,191.19</td></tr> <tr><td>10</td><td>2,342.65</td><td>11</td><td>2,142.66</td><td>12</td><td>2,142.66</td></tr> <tr><td>13</td><td>1,371.30</td><td>14</td><td>2,495.93</td><td>15</td><td>1,856.97</td></tr> <tr><td>16</td><td>2,314.07</td><td>17</td><td>2,256.94</td><td>18</td><td>2,171.23</td></tr> <tr><td>19</td><td></td><td>20</td><td></td><td>21</td><td></td></tr> <tr><td>22</td><td></td><td>23</td><td></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	724.74	2	2,142.66	3	1,816.53	4	2,499.78	5	2,199.80	6	1,599.85	7	2,758.90	8	2,296.03	9	2,191.19	10	2,342.65	11	2,142.66	12	2,142.66	13	1,371.30	14	2,495.93	15	1,856.97	16	2,314.07	17	2,256.94	18	2,171.23	19		20		21		22		23		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				<b>16</b> REASON FOR ISSUING THIS ROE <b>Shortage of work / End of contract or season</b> <b>A</b>
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		FOR FURTHER INFORMATION, CONTACT <b>Colette Shwetz, HR Manager</b> TELEPHONE NO. <b>(807) 622-1413</b>																																																																																																																		
		<b>17</b> 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.																																																																																																																		
		<b>A - VACATION PAY</b> START DATE (D/M/Y): END DATE (D/M/Y): \$																																																																																																																		
		<b>B - STATUTORY HOLIDAY PAY FOR</b> D M Y D M Y \$ \$ \$ \$ \$ \$ \$ \$ \$ \$																																																																																																																		
		<b>C - OTHER MONIES (SPECIFY)</b> START DATE (D/M/Y): END DATE (D/M/Y): \$																																																																																																																		
		<b>19</b> PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT START DATE END DATE AMOUNT PER DAY PER WEEK D M Y D M Y PSL \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ WLI - Not ins. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ WLI - Ins. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ MAT/PAR/CC/FC \$ \$ \$ \$ \$ \$ \$ \$ \$ \$																																																																																																																		
<b>18</b> COMMENTS		<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French																																																																																																																		
		<b>21</b> TELEPHONE NO. <b>(807) 887-4256</b>																																																																																																																		
		<b>22</b> 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 <b>Colette Shwetz</b> D M Y <b>28 02 2024</b>																																																																																																																		