Service Canada

THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT, PROVIDES DETAILED INSTRUCTIONS.

Protected when completed - B

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO.
M02023186

2 SERIAL NO. OF ROE AMENDED OR REPLACED

3 EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS
NISHNAWBE-ASKI LEGAL SERVICES
138B MISSION RD
FORT WILLIAM
FIRST NATION ON
Canada

5 CRA PAYROLL ACCOUNT NUMBER
137530606RP0002

6 PAY PERIOD TYPE
B - Bi-weekly

7 POSTAL CODE
P7J1K7

8 SOCIAL INSURANCE NO.
542-924-790

9 EMPLOYEE'S NAME AND ADDRESS
SANDEREA MORRISEAU
109 KENSINGTON DR
THUNDER BAY P7C2A4
ON, Canada

10 FIRST DAY WORKED — D 19 | M 06 | Y 2023

11 LAST DAY FOR WHICH PAID — D 08 | M 08 | Y 2023

12 FINAL PAY PERIOD ENDING DATE — D 11 | M 08 | Y 2023

13 OCCUPATION
DISCHARGE DRIVER

14 EXPECTED DATE OF RECALL — D | M | Y
☐ UNKNOWN ☒ NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2: 117

16 REASON FOR ISSUING THIS ROE
Quit — E

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2: $ 4,212.61

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.

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	572.60	2	1,556.20	3	612.00
4	1,471.81	5		6	
7		8		9	
10		11		12	
13		14		15	
16		17		18	
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			

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.

A - VACATION PAY
$
START DATE (D/M/Y): END DATE (D/M/Y):

B - STATUTORY HOLIDAY PAY FOR

D M Y		D M Y	
	$		$
	$		$
	$		$
	$		$
	$		$

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):

18 COMMENTS

19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT

	START DATE D M Y	END DATE D M Y	AMOUNT	PER DAY	PER WEEK
PSL			$	☐	☐
WLI - Not ins.			$	☐	☐
WLI - Ins.			$	☐	☐
MAT/PAR/CC/FC			$	☐	☐

20 COMMUNICATION PREFERRED IN
☒ English ☐ 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 31 | M 08 | Y 2023

INS 5220 (12-17) E
Version 12.6.0

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

Service Canada has already received a copy of this electronic Record of Employment. Do not submit a paper copy of this Record of Employment to Service Canada.

Canada

Page 2 contains important information.

Ce formulaire est également disponible en français