

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M06381929	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO. 389
4 EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD FORT WILLIAM FIRST NATION ON Canada		5 CRA PAYROLL ACCOUNT NUMBER 137530606RP0001
		6 PAY PERIOD TYPE B - Bi-weekly
		7 POSTAL CODE P7J1K7
		8 SOCIAL INSURANCE NO. 553-177-635
9 EMPLOYEE'S NAME AND ADDRESS GILES JORDON AKIWENZIE 1260 PARK AVE TIMMINS ON, Canada		10 FIRST DAY WORKED D M Y 18 10 2021
		11 LAST DAY FOR WHICH PAID D M Y 22 03 2024
		12 FINAL PAY PERIOD ENDING DATE D M Y 22 03 2024
13 OCCUPATION By Law Worker		14 EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 1925	16 REASON FOR ISSUING THIS ROE Dismissal or suspension M
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15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 30,038.50	FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager TELEPHONE NO. (807) 622-1413
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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.
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P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	4,038.46	2	1,923.09	3	1,923.07
4	1,923.08	5	1,923.08	6	1,923.08
7	1,923.08	8	1,923.08	9	1,923.08
10	2,923.08	11	1,923.08	12	1,923.08
13	1,923.08	14	1,923.08	15	1,923.08
16	1,923.08	17	1,923.08	18	1,923.08
19	1,923.08	20	1,923.08	21	1,923.08
22	1,923.08	23	1,923.08	24	1,923.08
25	1,923.08	26	1,923.08	27	1,923.08
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	
Paid because no longer working	\$ 1,538.46
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)	
o - Other	\$ 192.31
START DATE (D/M/Y):	END DATE (D/M/Y):
i - Sick leave credits	\$ 192.31
START DATE (D/M/Y):	END DATE (D/M/Y):
y - Pay in lieu of notice	\$ 1,923.07
START DATE (D/M/Y):	END DATE (D/M/Y):

19 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	\$ <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"/>

18 COMMENTS	21 TELEPHONE NO. (807) 887-4256
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20 COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French	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 02 04 2024