

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M05796799	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO. 451																																																																																																																			
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																																																																																																																		
9 EMPLOYEE'S NAME AND ADDRESS DYLAN BOURGON 5+270 Cedar St N TIMMINS ON, Canada		7 POSTAL CODE P7J1K7	8 SOCIAL INSURANCE NO. 580-802-478																																																																																																																		
13 OCCUPATION Bail Bed Worker		10 FIRST DAY WORKED D M Y 04 07 2023																																																																																																																			
15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 1012		11 LAST DAY FOR WHICH PAID D M Y 31 01 2024																																																																																																																			
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 28,756.00		12 FINAL PAY PERIOD ENDING DATE D M Y 09 02 2024																																																																																																																			
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.		14 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>828.50</td><td>2</td><td>2,171.23</td><td>3</td><td>2,126.95</td></tr> <tr><td>4</td><td>2,605.47</td><td>5</td><td>1,656.99</td><td>6</td><td>2,156.95</td></tr> <tr><td>7</td><td>2,388.40</td><td>8</td><td>2,328.36</td><td>9</td><td>1,838.41</td></tr> <tr><td>10</td><td>2,241.22</td><td>11</td><td>1,856.97</td><td>12</td><td>2,171.23</td></tr> <tr><td>13</td><td>2,171.23</td><td>14</td><td>2,214.09</td><td>15</td><td>1,257.03</td></tr> <tr><td>16</td><td>742.79</td><td>17</td><td></td><td>18</td><td></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	828.50	2	2,171.23	3	2,126.95	4	2,605.47	5	1,656.99	6	2,156.95	7	2,388.40	8	2,328.36	9	1,838.41	10	2,241.22	11	1,856.97	12	2,171.23	13	2,171.23	14	2,214.09	15	1,257.03	16	742.79	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				16 REASON FOR ISSUING THIS ROE Shortage of work / End of contract or season A	
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		FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager TELEPHONE NO. (807) 622-1413																																																																																																																			
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		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 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																																																																																																																			