

REC	ORD OF EMPL	OY	MENT (ROE)				EMP: OVERIO SAV	DOLL DESERVICE NO			
1 SERIAL NO. OF ROE AMENDED C						OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO.				
M05796797							A CONTRACTOR OF THE PARTY OF TH	452 5 CRA PAYROLL ACCOUNT NUMBER			
4 EMPLOYER'S NAME AND ADDRESS											
NISHNAWBE-ASKI LEGAL SERVICES							137530606RP0002 6 PAY PERIOD TYPE				
138B MISSION RD							B - Bi-weekly				
FORT WILLIAM											
FIRST NATION ON						POSTAL CODE					
Canada						P7J1K7	558-997-1		D M	Y	
9	EMPLOYEE'S NAME AN		DRESS				10 FIRST DAY WORK		04 07 2	023	
BRANDI HUNTER							11 LAST DAY FOR W	HICH PAID	D M	Y	
236 Birch St N						P4N6E5			28 01 2	024	
	TIMMINS					2 11.000	12 FINAL PAY PERIO	D ENDING DATE	D M	Y	
	ON, Canada								09 02 2	2024	
12	OCCUPATION						14 EXPECTED DATE	OF RECALL	D M	Y	
13	Bail Bed Wor	rke	r				UNKNOWN	X NOT RETURNING			
	Ball Bed Wo.	LAC									
BINITAL TOTAL INSURABLE HOURS						16 REASON FOR ISS	BUING THIS ROE		_		
	ACCORDING TO CHART ON PAGE 2 438					Shortage of work / End of contract or season					
						FOR FURTHER INFORMATION, CONTACT					
15B	TOTAL INSURABLE EA		151656			Colette Shwetz, HR Manager					
	ACCORDING TO CHAP	,, 0	\$ \$		12,848.87	TELEPHONE NO.	(807) 622-141	3			
150	THE EIDET ENTRY MILE	STP	ECORD THE INSURAR	BLE FA	RNINGS FOR THE	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.					
150	THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY						OF THE FINAL PAY PERIOD O	K PATABLE AT A DATE	(DATE.		
	PERIOD AS PER THE	CHAR	RT ON PAGE 2.			A - VACATION PAY			\$		
	INSURABLE		INSURABLE	P.P.	INSURABLE				3		
P.P.	EARNINGS	P.P.	EARNINGS		EARNINGS	START DATE (D/M/Y):		END DATE (D/M/Y):	9		
1	571.38	2	571.38	8 3	1,686.99	B - STATUTORY HOLIDA	AY PAY FOR				
4	1,848.40	5	314.20	6 6	514.24	D M Y		D M Y			
\Box	1,574.19	-	685.6	5 9	152.84		\$		\$		
7			145.175.175.111.151.1	+			\$		9		
10	729.93		885.63	-	1,142.75		\$		\$		
13	1,371.30	14	799.9	3 15	428.53		\$	-	\$		
16	257.12	17		18			\$		۳		
19		20		21		C - OTHER MONIES (SP	PECIFY)		25%		
		-		24		1			\$		
22		23				PTART DATE (DAYAG		END DATE (D/M/Y)	•		
25		26		27		START DATE (D/M/Y)	b:			T	
28		29		30					\$		
31		32		33		START DATE (D/M/Y)		END DATE (D/M/Y)	•		
		-		36		TAKE (DINE (DINE)			38.9		
34		35				4			\$		
37		38		39		START DATE (D/M/Y)	:	END DATE (D/M/Y)	:		
40		41		42		10 PAID SICK/MAT	ERNITY/PARENTAL/COMPAS	SIONATE CARE/FAMILY	CAREGIVER LEAVE		
43		44		45		OR GROUP WA	GE LOSS INDEMNITY PAYME	ENT	Pi	ER PER	
1		47		48		1		D DATE /		AY WEEK	
46		-		_		PSL		\$			
49		50		51		WLI - Not ins.		\$			
52		53				WLI - Ins.		\$			
18	COMMENTS	_				MAT/PAR/CC/FC		\$			
COMMENTS						20 COMMUNICATIO	MMUNICATION PREFERRED IN 21 TELEPHONE NO.				
						X English	French		87-4256		
						22 I AM AWARE TH	200 LAM 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				V	
						Colette	28 02 2024			2024	
						Shwetz			28 02	2024	

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