

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>M05796797</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO. <b>452</b>	<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>137530606RP0002</b>																																																																																																																																																																		
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD FORT WILLIAM FIRST NATION ON Canada</b>		<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>	<b>8</b> SOCIAL INSURANCE NO. <b>558-997-110</b>																																																																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>BRANDI HUNTER 236 Birch St N TIMMINS ON, Canada</b>		<b>7</b> POSTAL CODE <b>P7J1K7</b>	<b>10</b> FIRST DAY WORKED D M Y <b>04 07 2023</b>																																																																																																																																																																		
<b>13</b> OCCUPATION <b>Bail Bed Worker</b>		<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>28 01 2024</b>	<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>09 02 2024</b>																																																																																																																																																																		
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>438</b>		<b>16</b> REASON FOR ISSUING THIS ROE <b>Shortage of work / End of contract or season</b> <b>A</b>																																																																																																																																																																			
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <b>\$ 12,848.87</b>		FOR FURTHER INFORMATION, CONTACT <b>Colette Shwetz, HR Manager</b> TELEPHONE NO. <b>(807) 622-1413</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>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.																																																																																																																																																																			
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		<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.																																																																																																																																																																			
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