

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M06666907	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO. 454	5 CRA PAYROLL ACCOUNT NUMBER 137530606RP0002																																																																																																																		
4 EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD FORT WILLIAM FIRST NATION ON Canada		6 PAY PERIOD TYPE B - Bi-weekly	8 SOCIAL INSURANCE NO. 563-803-188																																																																																																																		
9 EMPLOYEE'S NAME AND ADDRESS RYANN OKEESE 146 Algonquin Ave., S THUNDER BAY ON, Canada		7 POSTAL CODE P7J1K7	10 FIRST DAY WORKED D M Y 31 07 2023																																																																																																																		
13 OCCUPATION RJ Admin Support		11 LAST DAY FOR WHICH PAID D M Y 31 03 2024	12 FINAL PAY PERIOD ENDING DATE D M Y 05 04 2024																																																																																																																		
15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 975		14 EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING																																																																																																																			
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 21,095.46		16 REASON FOR ISSUING THIS ROE Shortage of work / End of contract or season A																																																																																																																			
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.		FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager TELEPHONE NO. (807) 622-1413																																																																																																																			
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		B - STATUTORY HOLIDAY PAY FOR 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																																																																																																																			
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		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 18 04 2024																																																																																																																			