

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>M05431598</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO. <b>455</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>619-420-219</b>																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>KEITH NETT RR2 NOLALU ON, Canada</b>		<b>7</b> POSTAL CODE <b>P7J1K7</b>	<b>10</b> FIRST DAY WORKED D M Y <b>14   08   2023</b>																																																																																																																		
<b>13</b> OCCUPATION <b>Discharge Driver</b>		<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>15   12   2023</b>	<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>15   12   2023</b>																																																																																																																		
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>381</b>		<b>14</b> EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING																																																																																																																			
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <b>\$ 14,729.83</b>		<b>16</b> REASON FOR ISSUING THIS ROE <b>Shortage of work / End of contract or season</b> <b>A</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.		FOR FURTHER INFORMATION, CONTACT <b>Colette Shwetz, HR Manager</b> TELEPHONE NO. <b>(807) 622-1413</b>																																																																																																																			
<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>478.40</td><td>2</td><td>1,374.88</td><td>3</td><td>3,452.90</td></tr> <tr><td>4</td><td>1,594.32</td><td>5</td><td>1,292.72</td><td>6</td><td>2,783.66</td></tr> <tr><td>7</td><td>2,223.42</td><td>8</td><td>1,070.37</td><td>9</td><td>459.16</td></tr> <tr><td>10</td><td></td><td>11</td><td></td><td>12</td><td></td></tr> <tr><td>13</td><td></td><td>14</td><td></td><td>15</td><td></td></tr> <tr><td>16</td><td></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	478.40	2	1,374.88	3	3,452.90	4	1,594.32	5	1,292.72	6	2,783.66	7	2,223.42	8	1,070.37	9	459.16	10		11		12		13		14		15		16		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				<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. 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):	
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS																																																																																																																
1	478.40	2	1,374.88	3	3,452.90																																																																																																																
4	1,594.32	5	1,292.72	6	2,783.66																																																																																																																
7	2,223.42	8	1,070.37	9	459.16																																																																																																																
10		11		12																																																																																																																	
13		14		15																																																																																																																	
16		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																																																																																																																			
<b>18</b> COMMENTS		<b>19</b> 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"/>																																																																																																																			
		<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French	<b>21</b> TELEPHONE NO. <b>(807) 887-4256</b>																																																																																																																		
		<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. Name of Issuer <b>Colette Shwetz</b> D M Y <b>02   02   2024</b>																																																																																																																			

## Important Information and Instructions for Employees

### What is a Record of Employment?

The Record of Employment (ROE) is a form your employer must complete when you stop working. Your employer has to issue the ROE to you, even if you do not intend to apply for EI benefits. On the ROE, you will find details about your work history with your employer. You do not need your ROEs to apply for EI benefits. If you delay filing your EI claim for more than four weeks after you stop working, you may lose benefits.

### How do I apply for EI benefits?

You can apply for EI benefits online at [www.servicecanada.ca](http://www.servicecanada.ca) or by visiting your nearest Service Canada Centre. To find the location of your nearest Centre, click on "Contact Us" on the Web site or call 1 800 O-Canada (1-800-622-6232).

### What do I do with my ROEs?

After you submit your EI application online, you will need to provide us with any paper ROEs issued to you during the last 52 weeks. We cannot process your application until we receive them. For this reason, you must **submit your paper ROEs as soon as possible** after you submit your EI application. You can either **mail us your paper ROEs** (the address is provided when you apply for EI online - if you need the address, call us at 1-800-206-7218 (TTY: 1-800-529-3742)) **or drop them off in person at a Service Canada Centre.**

This ROE was submitted electronically by your employer to Service Canada. For this reason, you do not need to provide us with a copy of it. For copies of all ROEs in your name that have been submitted electronically, visit My Service Canada Account on the Canada Web site at [www.canada.ca](http://www.canada.ca).

### What if I'm not planning to apply for EI benefits?

If you are not applying for EI benefits, keep this and all other ROEs in a safe place for two years after the date shown in Block 11.

### What do I do if the information on the ROE is incorrect?

If any information on this form appears to be incorrect, talk with your employer right away to correct or clarify it. **Do not make any changes yourself.**

### What does the information in Blocks 15A, 15B, and 15C mean?

- **Block 15A, Total insurable hours:** The number in Block 15A represents the total insurable hours you worked in a certain number of pay periods. See the chart below for the number of pay periods your employer has included, based on your pay period type.
- **Block 15B, Total insurable earnings:** The amount in Block 15B represents the total insurable earnings you received over a certain number of pay periods. See the chart below for the number of pay periods your employer has included, based on your pay period type.
- **Block 15C, Breakdown of insurable earnings by pay period:** In this block, your employer has broken down your insurable earnings by pay period. Line PP1 in Block 15C shows the insurable earnings for your final (most recent) pay period. For pay periods with no insurable earnings, your employer will have entered "0" (zero).

Information included in Blocks 15A, 15B, and 15C			
Pay period type (Block 6)	Number of consecutive pay periods to report for total insurable hours (Block 15A)	Number of consecutive pay periods to report for insurable earnings (Block 15B)	Number of consecutive pay periods to report for insurable earnings (Block 15C)
Weekly	Last 53 pay periods*	Last 27 pay periods*	Last 53 pay periods*
Bi-weekly	Last 27 pay periods*	Last 14 pay periods*	Last 27 pay periods*
Semi-monthly	Last 25 pay periods*	Last 13 pay periods*	Last 25 pay periods*
Monthly	Last 13 pay periods*	Last 7 pay periods*	Last 13 pay periods*
13 pay periods per year	Last 14 pay periods*	Last 7 pay periods*	Last 14 pay periods*

\*Or fewer, if the period of employment was shorter.

### What does the code in Block 16 mean?

The following chart explains the codes that may appear in Block 16:

A – Shortage of work / End of contract or season	B – Strike or lockout	D – Illness or injury
E – Quit	F – Maternity	G – Mandatory retirement
H – Work-Sharing	J – Apprentice training	M – Dismissal or suspension
N – Leave of absence	P – Parental	Z – Compassionate care/Family caregiver
K – Other (see Block 18, Comments)		

### What happens if I receive benefits to which I am not entitled?

If for any reason you receive EI benefits to which you are not entitled, you will have to repay those benefits. Knowingly making false or misleading statements is an offence under the law that can result in an administrative penalty or prosecution.

#### Note

Service Canada collects the information on this form for the purposes of administering and enforcing the *Employment Insurance Act*. The information is kept in Personal Information Banks ESDC PPU 150, 180, and 385, and will be used and disclosed in accordance with the conditions that apply to the Personal Information Banks. Service Canada may also use the information for policy analysis, research, and/or evaluation purposes. To conduct these activities, Service Canada may link information under its custody and control. Any information Service Canada collects will be administered in accordance with the *Privacy Act*. Under the provisions of the *Privacy Act*, individuals have the right to have their personal information protected, and to have full access to it. For instructions on how to obtain your personal information, as well as a detailed description of the Personal Information Banks, see InfoSource, a publication available at Service Canada Centres or online at [www.canada.ca/infosource-ESDC](http://www.canada.ca/infosource-ESDC).