

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>M05796798</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO. <b>458</b>
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>NISHNAWBE-ASKI LEGAL SERVICES</b> <b>138B MISSION RD</b> <b>FORT WILLIAM</b> <b>FIRST NATION ON</b> <b>Canada</b>		<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>137530606RP0001</b>
<b>7</b> POSTAL CODE <b>P7J1K7</b>		<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>CRYSTAL WAWIA</b> <b>470 Poleline Rd.</b> <b>Murillo</b> <b>ON, Canada</b>		<b>8</b> SOCIAL INSURANCE NO. <b>513-751-438</b>
<b>10</b> FIRST DAY WORKED		D M Y <b>05   09   2023</b>
<b>11</b> LAST DAY FOR WHICH PAID		D M Y <b>30   01   2024</b>
<b>12</b> FINAL PAY PERIOD ENDING DATE		D M Y <b>09   02   2024</b>
<b>13</b> OCCUPATION		<b>14</b> EXPECTED DATE OF RECALL
		D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING

<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>552</b>	<b>16</b> REASON FOR ISSUING THIS ROE <b>Dismissal or suspension / Terminated within probationary period</b> <input checked="" type="checkbox"/> <b>M</b>
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<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <b>\$ 17,362.06</b>	FOR FURTHER INFORMATION, CONTACT <b>Colette Shwetz, HR Manager</b> TELEPHONE NO. <b>(807) 622-1413</b>
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<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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P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	606.40	2	578.84	3	1,929.46
4	1,929.46	5	1,736.52	6	1,543.56
7	2,381.19	8	1,516.00	9	1,543.57
10	1,281.71	11	1,543.57	12	771.78
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			

**A - VACATION PAY**

START DATE (D/M/Y): \_\_\_\_\_ END DATE (D/M/Y): \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

**B - STATUTORY HOLIDAY PAY FOR**

D	M	Y	AMOUNT
			\$
			\$
			\$
			\$
			\$

**C - OTHER MONIES (SPECIFY)**

START DATE (D/M/Y): \_\_\_\_\_ END DATE (D/M/Y): \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

START DATE (D/M/Y): \_\_\_\_\_ END DATE (D/M/Y): \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

START DATE (D/M/Y): \_\_\_\_\_ END DATE (D/M/Y): \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

**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"/>

**18** COMMENTS

**20** COMMUNICATION PREFERRED IN  English  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**