

	ORD OF EMPL	-0							DAVIDOU DESERVATION			
1 SERIAL NO. OF ROE AMENDED							OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO.				
	M0608047								469			
4 EMPLOYER'S NAME AND ADDRESS									5 CRA PAYROLL ACCOUNT NUMBER			
NISHNAWBE-ASKI LEGAL SERVICES									137530606RP0001			
138B MISSION RD												
	RT WILLIAM							3000 4,000	B - Bi-weekly			
FIF	RST NATION OF	V					7 POSTAL CODE	V	CONTRACT CONTRACTOR SECTIONS			
Canada							P7J1K7	548-345		D M	Y	,
9 EMPLOYEE'S NAME AND ADDRESS								10 FIRST DAY W	TORKED	13 13		23
	JESSELYN GR							11 LAST DAY FO	OR WHICH PAID	D M		
	21 LAGOON RI PIKANGIKUM	ט					POV2LO			09 02	2 20	24
ON, Canada							101210	12 FINAL PAY P	ERIOD ENDING DATE	D M	Y	
	ON, Canada							2		09 02	2 20	24
13	OCCUPATION				-			14 EXPECTED D	DATE OF RECALL	D M	Y	,
								UNKNOW	N X NOT RETURNING	0 2		
									X NOT RETORNING			
15A							16 REASON FOR ISS					
	ACCORDING TO CHART ON PAGE 2					455	Dismissal or suspension / Terminated within probationary period			i		
		12-5/10	owes:				FOR FURTHER INFORMATION, CONTACT					
15B	TOTAL INSURABLE EA			•			Colette Shwetz, HR Manager					
	\$ 11,821.49					11,821.49	TELEPHONE NO. (807) 622-1413					
15C	THE FIRST ENTRY MU	STE	RECORD THE INSU	RABLE	EA	RNINGS FOR THE	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.					
	FINAL (MOST RECENT PERIOD AS PER THE O) IN:	SURED PAY PERIO					OF THE FINAL PAY PERIC	DO OR PATABLE AT A LATER	DATE.		
	PERIOD AS PER THE	0110	IN ON AGE 2.				A - VACATION PAY			•		
P.P.	INSURABLE	P.P.	INSURABLE		P.P.	INSURABLE				\$		
Ш	EARNINGS		EARNINGS			EARNINGS	START DATE (D/M/Y):		END DATE (D/M/Y):			
1	1,818.69	2	1,818	. 69	3	1,818.69	B - STATUTORY HOLIDA	Y PAY FOR				
4	1,818.69	5	1,818	. 69	6	1,818.69	D M Y		D M Y			
7	909.35	8			9			\$		\$		
10		11		_	12			\$		\$		-
\vdash		_		-	_			\$		\$		_
13		14			15			\$		\$		$\overline{}$
16		17			18			\$		Ψ		
19		20			21		C - OTHER MONIES (SPI	ECIFY)				\neg
22		23			24					\$	50.	
\vdash		26		-	27		START DATE (D/M/Y):		END DATE (D/M/Y):			
25		20			21		OTACL DATE (DIME)		,	- 70		\neg
28		29			30					\$		
31		32			33		START DATE (D/M/Y):		END DATE (D/M/Y):			
34		35			36							
37		38	-		39					\$		
							START DATE (D/M/Y):		END DATE (D/M/Y):			
40		41			42				PASSIONATE CARE/FAMILY	CAREGIVER L	EAVE	
43		44			45		OR GROUP WAS	SE LOSS INDEMNITY PA		MOUNT	PER	
46		47			48		7/22	D M Y D) M Y	WOON	DAY	WEEK
49		50			51		PSL		\$		ᆜᄆᆜ	
\vdash		-		_			WLI - Not ins.		\$		44	닏
52		53	1			L	WLI - Ins.		\$		ᆜ႘┤	
18	COMMENTS						MAT/PAR/CC/FC		\$			
							20 COMMUNICATION	_	21 TELE	PHONE NO.		
							X English ☐ French (807) 887-4256					
							22 I AM AWARE THA	AT IT IS AN OFFENSE TO	NOWINGLY MAKE FALSE TS ON THIS FORM ARE TRU	ENTRIES AND E.		
							HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE. Name of Issuer					
							Colette			D	М	Υ
							Shwetz			1		2024
							, management to the country					

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

Nersical Canada delivers Employment and Social Development Canada programs and services for the Social Development Canada programs and service