

RECORD OF EMPLOYMENT (ROE)															
1	SERIAL NO.		2	SERIAL	NO. OF ROE AMENDE	D OR REPL	ACED								
	M0638193	12					477								
4	EMPLOYER'S NAME AN	ND A	ADDRESS					5 CRA							
NIS	HNAWBE-ASKI	L	EGAL SERVICE	ES				137530606RP0002							
138	B MISSION RI)					6 PAY PERIOD TYPE								
FOF	RT WILLIAM						В			- Bi-weekly					
FIF	RST NATION OF	N				7 POSTAL CODE 8 SOCIAL INSUR				ANCE NO.					
Car	ada					P.	7J1K7	499	499-492-098						
9	EMPLOYEE'S NAME AN	ID A	DDRESS					10 FIRS	T DAY WORK	ED	9	0.0000000000000000000000000000000000000	М	Υ	
MICHAEL SUTHERLAND								LAST DAY FOR WHICH DAID						2024	
802 ALBERTA ST.								11 LAST	11 LAST DAY FOR WHICH PAID				M	Y	
THUNDER BAY							P7C3E7					22 D		2024 Y	
ON, Canada								12 FINA	12 FINAL PAY PERIOD ENDING DATE				M	2024	
	COCURATION	-						AA EXP	A EXPECTED DATE OF RECALL				03 2 м	Y	
13	OCCUPATION							14. EXPE	OILD DAIL			D	IVI	(5)	
	AFTER CARE	WO.	RKER					U	NKNOWN	X NOT RE	TURNING	1	1		
15A	TOTAL INSURABLE HO	DUR	s r			16 F	REASON FOR IS	SUING THIS ROE							
	ACCORDING TO CHAR				94		n, i +						Γ	E	
							Quit <u>E</u>								
15B TOTAL INSURABLE EARNINGS							FOR FURTHER INFORMATION, CONTACT								
	ACCORDING TO CHART ON PAGE 2 \$ 2,773.21						Colette Shwetz, HR Manager								
							TELEPHONE NO. (807) 622–1413 17 ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN								
THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY							ANTICIPATION	OF THE FINAL PA	Y PERIOD OF	PAYABLE A	T A LATER D	ATE.			
	PERIOD AS PER THE CHART ON PAGE 2.						A - VACATION PAY								
	INSURABLE		INSURABLE		INSURABLE	\dashv					\$;			
P.P.	EARNINGS	P.P.	EARNINGS	P.P.	EARNINGS	START	DATE (D/M/Y):			END DAT	E (D/M/Y):				
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				21		C - OTH	ER MONIES (SF								
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31		32		33						5275 L92					
						STAR	T DATE (D/M/Y)	:		END DAT	E (D/M/Y):				
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37		38		39			T DATE (C. 15.	i.		END DAT	E IDIMAN.				
40		41		42			T DATE (D/M/Y)			52017540500	TE (D/M/Y):	DEC			
43		44		45				ERNITY/PARENT			KE/FAMILY CA	KEGIVER			
\Box			· · · · · · · · · · · · · · · · · · ·	_		-		START DA	TE END	DATE	AMO	TAUC	PE DA	R PER	
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18	COMMENTS	1					PAR/CC/FC		_		\$		一片	il H	
10	COMMENTS							N PREFERRED I	N	-	1 TELEPH	ONE NO.			
							X English								
						(007)007 4230									
							HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.								
						2000	Name of Issuer								
							Colette						М	Y	
						Sh	Shwetz 02						04	2024	

NIS 5220 (12-17) E

Version 12.6.0

Service Canada delivers Employment and Social Development Canada programs and Service 13.6.0

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