Service Canada

PROVIDES DETAILED INSTRUCTIONS.

RECORD OF EMPLOYMENT (ROE)

Protected when completed - B

1 SERIAL NO.
M06601549

2 SERIAL NO. OF ROE AMENDED OR REPLACED

3 EMPLOYER'S PAYROLL REFERENCE NO.
477

4 EMPLOYER'S NAME AND ADDRESS
KA-NA-CHI-HIH SPECIALIZED SOLV
Ste 102 100 Anemki Drive

Thunder Bay ON
Canada

5 CRA PAYROLL ACCOUNT NUMBER
887196921RP0001

6 PAY PERIOD TYPE
B - Bi-weekly

7 POSTAL CODE
P7J1A5

8 SOCIAL INSURANCE NO.
457-281-343

9 EMPLOYEE'S NAME AND ADDRESS
Peter Sachaney
374 Marks Street N.
Thunder Bay
ON, Canada
P7C4G2

10 FIRST DAY WORKED — D M Y: 05 | 09 | 2023

11 LAST DAY FOR WHICH PAID — D M Y: 29 | 03 | 2024

12 FINAL PAY PERIOD ENDING DATE — D M Y: 07 | 04 | 2024

13 OCCUPATION
ContractHome is LifeCoord

14 EXPECTED DATE OF RECALL — D M Y
☐ UNKNOWN ☒ NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2
1237

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2
$ 29,148.24

16 REASON FOR ISSUING THIS ROE
Shortage of work / End of contract or season — A

FOR FURTHER INFORMATION, CONTACT
Janet Kakekapetum
TELEPHONE NO. (807) 700-8923

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.

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	979.44	2	2,448.60	3	944.46
4	979.44	5	2,448.60	6	2,098.80
7	2,310.00	8	2,310.00	9	2,203.74
10	2,448.60	11	3,046.56	12	2,310.00
13	2,310.00	14	2,310.00	15	2,079.00
16	957.00	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			

17 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):

18 COMMENTS

19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT

	START DATE D M Y	END DATE D M Y	AMOUNT	PER DAY	PER WEEK
PSL			$	☐	☐
WLI - Not ins.			$	☐	☐
WLI - Ins.			$	☐	☐
MAT/PAR/CC/FC			$	☐	☐

20 COMMUNICATION PREFERRED IN
☒ English ☐ French

21 TELEPHONE NO.
(807) 700-8923

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
Janet
Kakekapetum

D M Y: 15 | 04 | 2024

INS 5220 (12-17) E
Version 12.6.0

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

Service Canada has already received a copy of this electronic Record of Employment. Do not submit a paper copy of this Record of Employment to Service Canada.

Canada

Page 2 contains important information.

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