

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M06080470	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO. 279	4 EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD FORT WILLIAM FIRST NATION ON Canada	5 CRA PAYROLL ACCOUNT NUMBER 137530606RP0001	6 PAY PERIOD TYPE B - Bi-weekly																																																																																																																		
7 POSTAL CODE P7J1K7		8 SOCIAL INSURANCE NO. 505-271-478		9 EMPLOYEE'S NAME AND ADDRESS CATHERINE GULL 687 Lillian Avenue TIMMINS ON, Canada																																																																																																																			
10 FIRST DAY WORKED D M Y 17 10 2017		11 LAST DAY FOR WHICH PAID D M Y 23 02 2024		12 FINAL PAY PERIOD ENDING DATE D M Y 23 02 2024																																																																																																																			
13 OCCUPATION Bail Program Manager		14 EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING		15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 1984																																																																																																																			
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 40,611.54		16 REASON FOR ISSUING THIS ROE Quit E																																																																																																																					
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.		FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager TELEPHONE NO. (807) 622-1413																																																																																																																					
<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>3,011.04</td><td>2</td><td>3,011.02</td><td>3</td><td>3,011.03</td></tr> <tr><td>4</td><td>2,741.23</td><td>5</td><td>2,741.22</td><td>6</td><td>2,741.23</td></tr> <tr><td>7</td><td>2,741.21</td><td>8</td><td>4,166.22</td><td>9</td><td>2,741.22</td></tr> <tr><td>10</td><td>2,741.22</td><td>11</td><td>2,741.22</td><td>12</td><td>2,741.22</td></tr> <tr><td>13</td><td>2,741.23</td><td>14</td><td>2,741.23</td><td>15</td><td>2,741.22</td></tr> <tr><td>16</td><td>2,741.22</td><td>17</td><td>2,741.22</td><td>18</td><td>2,741.22</td></tr> <tr><td>19</td><td>2,741.23</td><td>20</td><td>2,741.22</td><td>21</td><td>2,741.22</td></tr> <tr><td>22</td><td>2,741.22</td><td>23</td><td>2,741.22</td><td>24</td><td>2,741.22</td></tr> <tr><td>25</td><td>7,807.68</td><td>26</td><td>2,307.69</td><td>27</td><td>2,307.69</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	3,011.04	2	3,011.02	3	3,011.03	4	2,741.23	5	2,741.22	6	2,741.23	7	2,741.21	8	4,166.22	9	2,741.22	10	2,741.22	11	2,741.22	12	2,741.22	13	2,741.23	14	2,741.23	15	2,741.22	16	2,741.22	17	2,741.22	18	2,741.22	19	2,741.23	20	2,741.22	21	2,741.22	22	2,741.22	23	2,741.22	24	2,741.22	25	7,807.68	26	2,307.69	27	2,307.69	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): \$			
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS																																																																																																																		
1	3,011.04	2	3,011.02	3	3,011.03																																																																																																																		
4	2,741.23	5	2,741.22	6	2,741.23																																																																																																																		
7	2,741.21	8	4,166.22	9	2,741.22																																																																																																																		
10	2,741.22	11	2,741.22	12	2,741.22																																																																																																																		
13	2,741.23	14	2,741.23	15	2,741.22																																																																																																																		
16	2,741.22	17	2,741.22	18	2,741.22																																																																																																																		
19	2,741.23	20	2,741.22	21	2,741.22																																																																																																																		
22	2,741.22	23	2,741.22	24	2,741.22																																																																																																																		
25	7,807.68	26	2,307.69	27	2,307.69																																																																																																																		
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																																																																																																																					
18 COMMENTS		19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT START DATE END DATE AMOUNT PER PER D M Y D M Y DAY WEEK 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"/>																																																																																																																					
		20 COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> 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 15 03 2024																																																																																																																					