

	ORD OF EMP	LU	1000							
1	SERIAL NO.	0.0	2	SERIA	NO. OF ROE AMENDED	OR REPLACED	3 EMPLOYER'S PA	YROLL REFERENCE N	D.	
4	W8810353		•				5 CRA PAYROLL ACCOUNT NUMBER			
4 EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES							137530606RP0001			
138B MISSION RD							6 PAY PERIOD TYPE			
FORT WILLIAM							B - Bi-weekly			
FIRST NATION ON						7 POSTAL CODE	8 SOCIAL INSURANCE NO.			
Canada						P7J1K7	554-710-103			
9 EMPLOYEE'S NAME AND ADDRESS							10 FIRST DAY WOR	KED	D M	50 A)
	ELIZABETH J						11 LAST DAY FOR V	WHICH BAID	05 0 D M	
	112 CONESTOGA STREET THUNDER BAY					P7C5S4	11 LAST DAY FOR V	VHICH PAID	21   0	
	ON, Canada					170354	12 FINAL PAY PERIOD ENDING DATE		D M	
	<b>51</b> .7 <b>54</b>								28   0	1   2022
13	OCCUPATION						14 EXPECTED DATE	OF RECALL	D M	Y
	BY LAW WORKER						X UNKNOWN	UNKNOWN NOT RETURNING		
15A						16 REASON FOR ISS	SUING THIS ROE			
	ACCORDING TO CHART ON PAGE 2 1848				1848	Maternity				F
1.ED						FOR FURTHER INFORM	MATION CONTACT			
15B	ACCORDING TO CHART ON PAGE 2 \$ 27,924.99  THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY					AND THE RESIDENCE OF THE PARTY	tz, HR Generali	st		
						TELEPHONE NO. (807) 622-1413				
15C						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				
		_	Г			Included wit	th each pay		\$	
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS		ch cach pay			
1	1,125.00	2	2,019.	23 3	2,019.23	START DATE (D/M/Y):		END DATE (D/M/Y)	:	
4	2,019.23	-	2,569.	-	2,019.23	B - STATUTORY HOLIDA D M Y	AY PAY FOR	D M 1	,	
7		-	2,019.	_		,	\$	,	\$	
	2,019.23	-			2,019.23		\$		\$	
10	2,019.23		2,019.		2,019.23		\$		\$	
13	2,019.23	14	2,019.	23 15	2,019.23		\$		\$	
16	2,019.23	17	2,019.	23 18	2,019.23		\$		\$	
19	2,019.23	20	2,019.	23 21	2,019.23	C - OTHER MONIES (SP	ECIFY)			
22	1,817.31	23	2,131.	41 24	1,923.08	T - Payout of bank	ked overtime		\$	115.38
25	2,692.31	26	2,821.	15 27	3,846.16	START DATE (D/M/Y):		END DATE (D/M/Y	):	
28		29		30					\$	1.
31		32		33		07407 0475 (04400)		END DATE (DAY)		
34		35		36		START DATE (D/M/Y):		END DATE (D/M/Y	No. 1	
37		38		39					\$	
		-		_		START DATE (D/M/Y):		END DATE (D/M/Y	):	
40		41		42		19 PAID SICK/MATE	ERNITY/PARENTAL/COMPAS	SIONATE CARE/FAMIL	CAREGIVER L	EAVE
43		44		45		OR GROUP WAS	GE LOSS INDEMNITY PAYME START DATE END		AMOUNT	PER PER
46		47		48		PSL		M Y		DAY WEEK
49		50		51		WLI - Not ins.		\$ \$		
52		53				WLI - Ins.		\$		
18	COMMENTS	-				MAT/PAR/CC/FC		\$		
	JOHNERIO					20 COMMUNICATION	N PREFERRED IN	0.00	PHONE NO.	
						X English	French	(807) 3	845-7479	
						22 I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY				
						THAT ALL STATEMENTS ON THIS FORM ARE TRUE.  Name of Issuer				
						Tara-Lynn			D	M Y
						Thompson				2 2022
						-				

INS 5220 (12-17) E
Version 12.3.0
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.

