Canada

EC	ORD OF EMPLOY	MENT (ROE							
1	SERIAL NO.	2	SERIAL N	NO. OF ROE AMENDED	OR REPLACED	3 EMPLOYER'S PAY	ROLL REFERENCE NO.		
	W68885305								
4 EMPLOYER'S NAME AND ADDRESS						5 CRA PAYROLL ACCOUNT NUMBER			
NISHNAWBE-ASKI LEGAL SERVICES						137530606RP0001 6 PAY PERIOD TYPE			
138B MISSION RD						B - Bi-weekly			
FORT WILLIAM FIRST NATION ON						0.000,000,000,000			
and the second s					P7J1K7	Control of the Contro	525-021-614		
Can	ada Employee's name and add	DRESS			PIUIRI	10 FIRST DAY WORKED D M Y			
	EVANGELINE MEEK							06 09	2011
	P.O. BOX 195					11 LAST DAY FOR V	HICH PAID	D M	Y
	SANDY LAKE				POV1V0		1	08 11	2019 Y
	ON, Canada					12 FINAL PAY PERIO	DD ENDING DATE	D M	2019
escond.						EXPECTED DATE	OF RECALL	D M	Y Y
13	Comm Youth Interven Worke								-
	Comm Youth Inte	erven work	ce			UNKNOWN	X NOT RETURNING		
5A	TOTAL INSURABLE HOURS			1000	16 REASON FOR ISS	SUING THIS ROE			
	ACCORDING TO CHART ON I	PAGE 2		1890	Quit				E
					FOR FURTHER INFORM	MATION CONTACT			
58	TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 S 24 302 62			Colette Shwetz, HR Generalist					
		[3	٥ .	24,302.62	TELEPHONE NO.	(807) 622-141	.3		
5C	THE FIRST ENTRY MUST RE	CORD THE INSUR	ABLE EAR	RNINGS FOR THE	17 ONLY COMPLET	E IF PAYMENT OR BENEFITS N OF THE FINAL PAY PERIOR	OTHER THAN REGULAR	R PAY) PAID IN O	R
	FINAL (MOST RECENT) INSU PERIOD AS PER THE CHART	IRED PAY PERIOD	ENTER D	DETAILS BY PAY	A - VACATION PAY	VOI THE PROPERTY CONTRACTOR			
	1 Living 10 1 Civiling States				WAS CONTROL OF THE PARTY OF THE	e no longer wor	rking	\$ 40	63.55
P.P.	INSURABLE P.P	INSURABLE	P.P.	INSURABLE EARNINGS	Paid Decause	s no longer wor		ň.	
	EARNINGS	EARNINGS	0 5 3	1,653.85	START DATE (D/M/Y):		END DATE (D/M/Y):		
1	2,802.57 2	1,653.			B-STATUTORT HOLIDA	AY PAY FOR	D M Y		
4	1,653.85 5	1,653.	_	1,653.85	D M Y	\$	[\$	
7	1,653.85 8	1,653.	85 9	1,653.85		\$		\$	
10	1,553.85 11	1,653.	85 12	1,653.85		\$		\$	
13	1,653.85 14	1,653.	85 15	1,653.85		\$		\$	
16	1,653.85 17	1,653.	85 18	1,653.85		\$		\$	
19	1,653.8520	2,935.		1,525.71	C - OTHER MONIES (SP	PECIFY)			
-		1,525.			T - Payout of bank	ked overtime		\$ 6	85.17
22	1,525.71 23				1		END DATE (D/M/Y):		
25	2,075.71 26	1,525.	71 27	1,525.71	START DATE (DIMIT)	•		27	
28	29		30		_			\$	
31	32		33		START DATE (D/M/Y)		END DATE (D/M/Y):		
34	35		36					\$	1
37	38		39					.50	
	41		42		START DATE (D/M/Y)		END DATE (D/M/Y):		
40					- 19 PAID SICK/MAT	ERNITY/PARENTAL/COMPAS GE LOSS INDEMNITY PAYM	SSIONATE CARE/FAMILY (ENT	AREGIVER LEA	
43	44		45		-	START DATE EN	D DATE AN	MOUNT	PER PER DAY WEEK
46	47		48		PSL	D M Y D	M Y		
49	50		51		- WLI - Not ins.		s		
52	53				WLI - Ins.		\$		
_	00011150				MAT/PAR/CC/FC		\$		
18 COMMENTS					20 COMMUNICATIO	COMMUNICATION PREFERRED IN 21 TELEPHONE NO.			
paid vacation and banked Ot on last ck									
					22 I AM AWARE TH	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	I Y
				Thompson			18 11		

2019

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INS 5220 (12-17) E

Version 12.2.0

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Page 2 contains important information.

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