

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>W68885305</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO.																																																																																																																																																																			
<b>4</b> EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD  FORT WILLIAM FIRST NATION ON Canada		<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>137530606RP0001</b>	<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>																																																																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS EVANGELINE MEEKIS P.O. BOX 195 SANDY LAKE ON, Canada		<b>7</b> POSTAL CODE P7J1K7	<b>8</b> SOCIAL INSURANCE NO. 525-021-614																																																																																																																																																																		
<b>13</b> OCCUPATION Comm Youth Interven Worke		<b>10</b> FIRST DAY WORKED D M Y <b>06   09   2011</b>	<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>08   11   2019</b>																																																																																																																																																																		
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>1890</b>		<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>08   11   2019</b>	<b>14</b> EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING																																																																																																																																																																		
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ <b>24,302.62</b>		<b>16</b> REASON FOR ISSUING THIS ROE Quit <span style="float:right"><b>E</b></span>																																																																																																																																																																			
<b>15C</b> THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MC ST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.		<b>17</b> 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.																																																																																																																																																																			
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		<b>22</b> 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 Thompson D M Y <b>18   11   2019</b>																																																																																																																																																																			