

REC	ORD OF EMPL	-0	MENI (ROE	E)		E.					
1 SERIAL NO. 2 SERIAL NO. OF ROE AMENDED OR REPLACED 3 EMPLOYER'S PAYROLL REFERENCE NO.											
M06382501											
4 EMPLOYER'S NAME AND ADDRESS							5 CRA PAYROLL ACCOUNT NUMBER				
NISHNAWBE-ASKI LEGAL SERVICES							137530606RP	137530606RP0001			
138B MISSION RD							6 PAY PERIOD TYPE				
FORT WILLIAM							B - Bi-weekly				
FIRST NATION ON						7 POSTAL CODE	8 SOCIAL INSURANCE	8 SOCIAL INSURANCE NO.			
Canada						P7J1K7	527-329-429				
9 EMPLOYEE'S NAME AND ADDRESS							10 FIRST DAY WORKED		D M	Υ	
MELANIE MOHAN									04 09	2023	
	319 Maple S		et South				11 LAST DAY FOR WHIC	H PAID	D M	Y	
	Timmins					P4N1Z5	[22 03	2024		
ON, Canada							12 FINAL PAY PERIOD E	NDING DATE	D M	Υ	
								22 03	2024		
13	OCCUPATION						14 EXPECTED DATE OF	RECALL	D M	Y	
	Restorative	Ju	stice Wkr				UNKNOWN X	NOT RETURNING	i i	1	
		21000	AND CHEST COLUMN CONTRACTOR								
15A	TOTAL INSURABLE HO	URS	S FACE 2		1001	16 REASON FOR IS	SUING THIS ROE				
	ACCORDING TO CHART ON PAGE 2 1001					Quit					
15B	TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 32,794.81					FOR FURTHER INFORMATION, CONTACT Colette Shwetz, HR Manager					
						TELEPHONE NO. (807) 622-1413					
15C THE FIRST ENTRY MUST RECORD THE WALLBASH & FARMINGS FOR THE						ONLY COMPLET	E IF PAYMENT OR BENEFITS (OT	THER THAN REGULAR	PAY) PAID IN	OR IN	
THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY						ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.					
	PERIOD AS PER THE CHART ON PAGE 2.					A - VACATION PAY					
	INSURABLE DE INSURABLE DE INSURABLE					1			\$	1	
P.P.	EARNINGS	P.P.	EARNINGS	P.P	EARNINGS	STADE DATE (DAIA)		END DATE (D/M/Y):			
1	2,046.81	2	2,274.	23 3	2,274.22	START DATE (D/M/Y):		LID DATE (DAVI).			
\vdash		-		_		B-STATUTORY HOLIDA		D M Y			
4	2,274.23	-	2,274.	_	2,274.24		S	1	\$		
7	2,274.23	8	2,274.	23 9	2,274.23	<u> </u>	\$		\$		
10	3,457.23	11	2,274.	24 12	2,274.23		\$		\$		
13	2,274.23	14	2,274.	23 15	909.69		\$		\$		
H	_,_,_,	\vdash	_,_,	_			\$		\$		
16		17		18		C - OTHER MONIES (SP	J*				
19		20		21							
22		23		24		\$					
25		26		27		START DATE (D/M/Y)	TART DATE (D/M/Y): END DATE (D/M/Y):				
\Box									•		
28		29		30		41			\$		
31		32		33		START DATE (D/M/Y):	:	END DATE (D/M/Y):			
34		35		36				•	•		
37		38		39		1			\$		
\Box		\vdash			-	START DATE (D/M/Y)		END DATE (D/M/Y):			
40		41		42			ERNITY/PARENTAL/COMPASSION	NATE CARE/FAMILY C	AREGIVER LEA	AVE	
43		44		45		OR GROUP WA	GE LOSS INDEMNITY PAYMENT			PER PER	
46		47		48		1	START DATE END DA	TE AM	OUNT	DAY WEEK	
H		\vdash				PSL	D M I D M	\$			
49		50		51		- WLI - Not ins.		\$			
52		53				WLI - Ins.		\$			
18	COMMENTS	-				MAT/PAR/CC/FC		\$			
10	COMMENTS					20 COMMUNICATION PREFERRED IN 21 TELEPHONE NO.					
	P P					X English					
						(007)007-4250					
						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	D M Y				
						Shwetz			02 04	2024	

INS 5220 (12-17) E

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

Version 12.6.0

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