

**RECORD OF EMPLOYMENT (ROE)**

<b>1 SERIAL NO.</b> <span style="font-size: 24pt; font-weight: bold;">E26955551</span>	<b>2 SERIAL NO. OF ROE AMENDED OR REPLACED</b> 	<b>3 EMPLOYER'S PAYROLL REFERENCE NO.</b> 																								
<b>4 EMPLOYER'S NAME AND ADDRESS</b> Nishrawbe Ask Legal Services 100 America Drive Suite 100 Fort William First Nation Thunder Bay, ON		<b>5 CRA'S BUSINESS NO. (BN)</b> 13753060612001																								
<b>7 POSTAL CODE</b> P7J 1J54		<b>6 PAY PERIOD TYPE</b> Bi Weekly <b>8 SOCIAL INSURANCE NO.</b> 50.65E.417																								
<b>9 EMPLOYEE'S NAME AND ADDRESS</b> Jocelyn Rae 505 W. Redwood Avenue Thunder Bay, ON T1C 5A4		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED)</b></td> <td style="width:10%;">D</td> <td style="width:10%;">M</td> <td style="width:10%;">Y</td> </tr> <tr> <td></td> <td>25</td> <td>05</td> <td>2010</td> </tr> <tr> <td><b>11 LAST DAY FOR WHICH PAID</b></td> <td>D</td> <td>M</td> <td>Y</td> </tr> <tr> <td></td> <td>13</td> <td>11</td> <td>2015</td> </tr> <tr> <td><b>12 FINAL PAY PERIOD ENDING DATE</b></td> <td>D</td> <td>M</td> <td>Y</td> </tr> <tr> <td></td> <td>13</td> <td>11</td> <td>2010</td> </tr> </table>	<b>10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED)</b>	D	M	Y		25	05	2010	<b>11 LAST DAY FOR WHICH PAID</b>	D	M	Y		13	11	2015	<b>12 FINAL PAY PERIOD ENDING DATE</b>	D	M	Y		13	11	2010
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	13	11	2010																							

<b>13 OCCUPATION</b> Legal Aid Ass's Officer	<b>14 EXPECTED DATE OF RECALL</b> <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING
<b>15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE</b> <span style="font-size: 24pt; font-weight: bold;">1,890.00</span>	<b>16 REASON FOR ISSUING THIS ROE</b> ▶ ENTER CODE <span style="font-size: 24pt; font-weight: bold;">F</span>
<b>15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE</b> <span style="font-size: 24pt; font-weight: bold;">\$ 19,733.90</span>	<b>FOR FURTHER INFORMATION, CONTACT</b> Mary Bird <b>TELEPHONE NO.</b> ▶ (807) 622-1413

**15C ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.**

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	1423.85	2	1423.85	3	1423.85
4	1423.85	5	1423.85	6	1423.85
7	1423.85	8	1423.85	9	1423.85
10	1423.85	11	1423.85	12	1423.85
13	1423.85	14	1423.85	15	1423.85
16	1423.85	17	1423.85	18	1423.85
19	1423.85	20	1423.85	21	1423.85
22	1423.85	23	1423.85	24	1423.85
25	1423.85	26	1423.85	27	1423.85

**17 ONLY COMPLETE IF PAYMENTS OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.**

<b>A - VACATION PAY</b>	<b>B - STATUTORY HOLIDAY PAY FOR</b>										
\$ .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">D</td> <td style="width:10%;">M</td> <td style="width:10%;">Y</td> <td style="width:10%;">\$</td> <td style="width:10%;">.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	D	M	Y	\$	.					
D	M	Y	\$	.							
<b>C - OTHER MONIES (SPECIFY)</b>											
\$ .											

**19 ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).**

<b>PAYMENT START DATE</b>	<b>AMOUNT</b>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">D</td> <td style="width:33%;">M</td> <td style="width:33%;">Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	D	M	Y				\$ .
D	M	Y					
<input type="checkbox"/> PER DAY <input type="checkbox"/> PER WEEK							

**20 COMMUNICATION PREFERRED IN**  ENGLISH     FRENCH

**21 TELEPHONE NO.** (807) 474-4377

**22 I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.**

_____ Signature of Issuer	_____ NAME OF ISSUER (please print)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">D</td> <td style="width:33%;">M</td> <td style="width:33%;">Y</td> </tr> <tr> <td>24</td> <td>11</td> <td>2015</td> </tr> </table> DATE	D	M	Y	24	11	2015
D	M	Y						
24	11	2015						

**Record of Employment Information - Not For Submission**

1. Serial Number		2. Serial Number of Record Amended		3. Employer's Payroll Reference Jocelyn																																																																																																																											
4. Employer Name and Address Nishnawbe-Aski Legal Services 100 Anemki Drive, Suite 106 Fort William First Nation Thunder Bay, Ontario				5. Business Number 137530606RP0001																																																																																																																											
				6. Pay Period Type Biweekly																																																																																																																											
				7. Postal Code P7J 1J4																																																																																																																											
9. Employee Name and Address RAE, JOCELYN 505 W. Redwood Ave  Thunder Bay, Ontario P7C 5A4				8. Social Insurance Number 510-658-917																																																																																																																											
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13. Occupation Legal Aid Assess. Officer			14. Expected Date of Recall Unknown																																																																																																																												
15A. Total Insurable Hours 1,890.00			16. Reason for Issuing ROE : F - Maternity																																																																																																																												
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18. Comments																																																																																																																															
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PP	Ending	Hours	PP	Ending	Hours	PP	Ending	Hours	PP	Ending	Hours	PP	Ending	Hours	PP	Ending	Hours
1	11/13/15	70.00	2	10/30/15	70.00	3	10/16/15	70.00	4	10/02/15	70.00	5	09/18/15	70.00	6	09/04/15	70.00
7	08/21/15	70.00	8	08/07/15	70.00	9	07/24/15	70.00	10	07/10/15	70.00	11	06/26/15	70.00	12	06/12/15	70.00
13	05/29/15	70.00	14	05/15/15	70.00	15	05/01/15	70.00	16	04/17/15	70.00	17	04/03/15	70.00	18	03/20/15	70.00
19	03/06/15	70.00	20	02/20/15	70.00	21	02/06/15	70.00	22	01/23/15	70.00	23	01/09/15	70.00	24	12/26/14	70.00
25	12/12/14	70.00	26	11/28/14	70.00	27	11/14/14	70.00	28			29			30		
31			32			33			34			35			36		
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