

REC	ORD OF EMPLO	DYMENT (RO	)E)						
1	SERIAL NO.	2	SERIAL	NO. OF ROE AMENDED	OR REPLACED	3 EMPLOYER'S PA	YROLL REFERENCE NO.	8	
47 ALC: 29	<b>W</b> 84103063	E Digital							
NAME OF TAXABLE PARTY.	EMPLOYER'S NAME AND					5 CRA PAYROLL AG	COUNT NUMBER		
10.00 E-10.00			OE C			137530606RP0002			
NISHNAWBE-ASKI LEGAL SERVICES 138B MISSION RD						6 PAY PERIOD TYPE			
						B - Bi-weekly			
FORT WILLIAM									
FIR	ST NATION ON			i i	7 POSTAL CODE				
Canada					P7J1K7	540-204-8			
9	EMPLOYEE'S NAME AND	ADDRESS				10 FIRST DAY WOR	KED	F-20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	105109081
	AMANDA RATTE					LAST DAY FOR V	ALICH BAID	26   04   2	2021 Y
	15-4133 HWY 1	LO1 W				LAST DAY FOR V	VHICH PAID	1	2021
	TIMMINS				P4R0E7	FINAL DAY BEDI	DD ENDING DATE		Y
	ON, Canada					12 FINAL PAY PERIO	DD ENDING DATE	I have a second	2021
						14 EXPECTED DATE	OF BECALL	13   08   2	Y Y
13	OCCUPATION					14 EXPECTED DATE	OFREGALE	D M	a.
	Bail Worker					X UNKNOWN	NOT RETURNING	1 1	
	Vasa - Turno de munico de actua				16 REASON FOR ISSU	LING THIS ROE		:	
15A	TOTAL INSURABLE HOUR ACCORDING TO CHART			525	16 REASON FOR ISSU			Г	
	The second secon			AAA500 33	Maternity			L	F
15B	TOTAL INICIDADLE CADA	MINICE			FOR FURTHER INFORMA	ATION, CONTACT			
0.0	TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 13,846.13				Colette Shwetz, HR Generalist				
			•	13,040.13	TELEPHONE NO.	(807) 622-141	.3		
15C	THE FIRST ENTRY MUST	RECORD THE INSU	RABLE EA	RNINGS FOR THE	17 ONLY COMPLETE	IF PAYMENT OR BENEFIT	OTHER THAN REGULA	AR PAY) PAID IN OR I	N
	FINAL (MOST RECENT) II PERIOD AS PER THE CH.	NSURED PAY PERIO				THE FINAL PAY PERIOD C	R PAYABLE AT A LATER	CDATE.	
	PERIOD AS PER THE CH	ART UN PAGE 2			A - VACATION PAY			-72077	
	INSURABLE	INSURABLE		INSURABLE	Included with	h each <b>pay</b>		\$	
P.P.	EARNINGS P.I	EARNINGS	P.P.	EARNINGS	START DATE (D/M/Y):		END DATE (D/M/Y):		
1	923.08 2	1,846	.15 3	1,846.15		V DAV FOR	ATT OF THE PROPERTY OF THE PRO		
4	1,846.15 5	1,846	15 6	1,846.15	The same of the sa	TATTON	D M Y		
				=/0:0.00		\$		\$	
7	1,846.15 8	1,846	.15			\$		\$	
10	11	1	12			\$		\$	
13	14	4	15			\$		\$	
16	17	7	18		\$				
10					C - OTHER MONIES (SPE	(CIFY)		•	
19	20	0	21		_			•	
22	23	3	24					\$	
25	20	6	27		START DATE (D/M/Y):		END DATE (D/M/Y):		
								•	
28	2!	3	30		4			\$	
31	3.	2	33		START DATE (D/M/Y):		END DATE (D/M/Y):	1	
34	3.	5	36					¢	
37	31	8	39					\$	
					START DATE (D/M/Y):		END DATE (D/M/Y):		
40	4	1	42		19 PAID SICK/MATE	RNITY/PARENTAL/COMPAS	SIONATE CARE/FAMILY	CAREGIVER LEAVE	
43	4	4	45		OR GROUP WAG	E LOSS INDEMNITY PAYME	NT	DE	R PER
46	4	7	48				D DATE A	MOUNT DA	
-			51		PSL		\$		
49	5		51		- WLI - Not ins.		\$		
52	5	3			WLI - Ins.		\$		
18	COMMENTS				MAT/PAR/CC/FC		\$		
					20 COMMUNICATION PREFERRED IN 21 TELEPHONE NO.				
in the second se					22 I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY				
i i					THAT ALL STATEMENTS ON THIS FORM ARE TRUE.				
					Name of Issuer			9	
					Tara-Lynn			D M	Y
					Thompson			17   08	2021

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Version 12.3.0

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Canada

Page 2 contains important information.

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