Protected when completed - B



RECORD OF EMPL	OYMENT	(ROE)
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	OFFICE NO		•	,		NO OF BOE AMENDED	00.055			E1451 6)/E	DIO DAY	2011 2555	DENOE NO				
1 SERIAL NO. OF ROE AMENDED OR							OR REF	PLACED 3 EMPLOYER'S PAYROLL REFERENCE NO.									
M02023184 4 EMPLOYER'S NAME AND ADDRESS								5 CRA PAYROLL ACCOUNT NUMBER									
NISHNAWBE-ASKI LEGAL SERVICES								137530606RP0001									
138B MISSION RD									6 PAY PERIOD TYPE								
FORT WILLIAM								B - Bi-weekly									
FIRST NATION ON							7 P										
Canada							•	7 J1 К7	8	495-7							
9 EMPLOYEE'S NAME AND ADDRESS								, , , , , , , , , , , , , , , , , , , ,	10	FIRST DA				D	М	Υ	
	DONALD RUSN	AK												22	06	20	21
	2109 EMPSON AVE								11	LAST DAY	FOR W	HICH PAID		D	М	Y	
	THUNDER BAY						P	7K1H3						03	80	20	23
	ON, Canada								12	FINAL PAY	Y PERIO	D ENDING D	DATE	D	М	Υ	
														11	80	20	
13	_								14	EXPECTE	D DATE	OF RECALL	•	D	М	Υ	
	Dir OF LEGA	L	SERVICES							UNKNO	OWN	χ NOT R	ETURNING	1		ı	
15A	TOTAL INSURABLE HO	OUR					16	REASON FOR IS	SSUING THI	IS ROE				!			
	ACCORDING TO CHAP					1895										-	7
								Quit								E	
15B							FOR FURTHER INFORMATION, CONTACT										-
	ACCORDING TO CHAR	RIC	ON PAGE 2	\$		79,987.88		ette Shwe	-	-		_					
150							TELEPHONE NO. (807) 622–1413 ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN										
IOC	THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY						17	ANTICIPATION							AID IIV O	1 11	
	PERIOD AS PER THE	CHA	RT ON PAGE 2.				A - VAC	CATION PAY									
P.P.	INSURABLE		INSURABLE		T	INSURABLE								\$		I	
P.P.	EARNINGS	P.P.	EARNINGS	P.	.P.	EARNINGS	STAR.	T DATE (D/M/Y):				END DA	TE (D/M/Y):				
1	6,037.91	2	5,688.	.46	3	5,688.45		ATUTORY HOLID		ND		LIND DA	TE (D/W/T).				
4	5,688.46	5	5,688.	.46	6	5,688.46	D D	M Y	ATTATTO	,1C		D 1	И У				
7	5,688.46	8	5,688.		a	5,688.46			\$					\$			\neg
10	5,688.46		5,688.		+	5,688.46			\$					\$			
13	5,688.46		5,688.		+	5,688.46			\$ \$	\$ \$							-
16	5,688.46		5,688.		+	7,640.38			\$	\$							-
19	6,126.92		5,576		\dashv	5,576.92	C - OTI	HER MONIES (SI	PECIFY)					- 1			_
\vdash					+									\$			
22	5,576.92	23	5,576.		+	5,576.92							(_ 2.2.	Ψ			
25	5,576.92		5,576.		+	5,576.92	STAI	RT DATE (D/M/Y):			END DA	TE (D/M/Y):				_
28		29			0									\$		·	
31		32		3	3		STAI	RT DATE (D/M/Y)):			END DA	TE (D/M/Y):				
34		35		3	6									\$			
37		38		3	9		STAI	RT DATE (D/M/Y)):			END DA	TE (D/M/Y):				
40		41		4.	2		19	PAID SICK/MAT	ERNITY/PA	RENTAL/CO	OMPASS	IONATE CA		CAREGIVE	R LEA\	/E	
43		44		4	5			OR GROUP WA					4.0	MOUNT		PER	PER
46		47		4	8			г	D M	RT DATE Y		DATE // Y	•	/IOUN I			WEEK
49		50		5	1		PSL						\$			井	붜Ⅱ
52		53						- Not ins. - Ins.					\$				屵Ⅱ
18	COMMENTS		ı	1				r/PAR/CC/FC					\$			廾	뉘ㅣ
	SOMMENTO						20	COMMUNICATIO	N PREFER	RED IN		S.	21 TELEP	HONE NO).		
						X English ☐ French (807)887-4256											
					22 I AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND								\neg				
					HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE. Name of Issuer												
					Colotto												
								wetz	U IVI						Y		
							211							31	08	2	2023

Page 2 contains important information.