

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. <b>M02023184</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 <b>NISHNAWBE-ASKI LEGAL SERVICES</b> <b>138B MISSION RD</b> <b>FORT WILLIAM</b> <b>FIRST NATION ON</b> <b>Canada</b>		<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>137530606RP0001</b>			
		<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>			
<b>7</b> POSTAL CODE <b>P7J1K7</b>		<b>8</b> SOCIAL INSURANCE NO. <b>495-755-316</b>			
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>DONALD RUSNAK</b> <b>2109 EMPSON AVE</b> <b>THUNDER BAY</b> <b>ON, Canada</b>		<b>10</b> FIRST DAY WORKED D M Y <b>22   06   2021</b>			
<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>03   08   2023</b>		<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>11   08   2023</b>			
<b>13</b> OCCUPATION <b>Dir OF LEGAL SERVICES</b>		<b>14</b> EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING			
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>1895</b>	<b>16</b> REASON FOR ISSUING THIS ROE <b>Quit</b> <input checked="" type="checkbox"/> <b>E</b>				
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <b>\$ 79,987.88</b>	FOR FURTHER INFORMATION, CONTACT <b>Colette Shwetz, HR Manager</b> TELEPHONE NO. <b>(807) 622-1413</b>				
<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.					
<b>A - VACATION PAY</b>					
\$					
START DATE (D/M/Y): END DATE (D/M/Y):					
<b>B - STATUTORY HOLIDAY PAY FOR</b>					
D M Y	D M Y				
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
<b>C - OTHER MONIES (SPECIFY)</b>					
\$					
START DATE (D/M/Y): END DATE (D/M/Y):					
\$					
START DATE (D/M/Y): END DATE (D/M/Y):					
\$					
START DATE (D/M/Y): END DATE (D/M/Y):					
<b>19</b> PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT					
	START DATE	END DATE	AMOUNT	PER DAY	PER WEEK
	D M Y	D M Y			
PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>
WLI - Not ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>
WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>
MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>
<b>18</b> COMMENTS		<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French	<b>21</b> TELEPHONE NO. <b>(807) 887-4256</b>		
<b>22</b> 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 <b>Colette Shwetz</b>					
D M Y <b>31   08   2023</b>					