Service Canada

THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT, PROVIDES DETAILED INSTRUCTIONS.

Protected when completed - B

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO.
W00000000

2 SERIAL NO. OF ROE AMENDED OR REPLACED

3 EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS
Employer Name
Employer Address Line 1

Gatineau,QC
Canada

5 CRA BUSINESS NUMBER (BN)
100000802RP1111

6 PAY PERIOD TYPE
W - Weekly

7 POSTAL CODE
X1X 1X1

8 SOCIAL INSURANCE NO.
990-000-012

9 EMPLOYEE'S NAME AND ADDRESS
Employee Name

Employee Address Line 1
Ottawa, On
Z1Z1Z1

10 FIRST DAY WORKED
D 01 M 01 Y 2007

11 LAST DAY FOR WHICH PAID
D 31 M 12 Y 2007

12 FINAL PAY PERIOD ENDING DATE
D 04 M 01 Y 2008

13 OCCUPATION
Employee Occupation

14 EXPECTED DATE OF RECALL
[X] UNKNOWN [ ] NOT RETURNING
D M Y

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2
1500

16 REASON FOR ISSUING THIS ROE
Shortage of Work / End of contract or season
A

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2
$ 24,300.00

FOR FURTHER INFORMATION, CONTACT
Contact Name
TELEPHONE NO. (222) 222-2222

15C THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	820.00	2	820.00	3	820.00
4	960.00	5	960.00	6	960.00
7	820.00	8	820.00	9	820.00
10	960.00	11	960.00	12	820.00
13	820.00	14	960.00	15	960.00
16	960.00	17	820.00	18	820.00
19	960.00	20	960.00	21	960.00
22	940.00	23	960.00	24	940.00
25	820.00	26	940.00	27	940.00
28	940.00	29	940.00	30	820.00
31	820.00	32	940.00	33	940.00
34	940.00	35	940.00	36	940.00
37	820.00	38	940.00	39	940.00
40	940.00	41	820.00	42	940.00
43	940.00	44	940.00	45	940.00
46	820.00	47	960.00	48	960.00
49	960.00	50	960.00	51	820.00
52	820.00	53	960.00		

17 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.

A - VACATION PAY
$

B - STATUTORY HOLIDAY PAY FOR
D M Y $
D M Y $
D M Y $

C - OTHER MONIES (SPECIFY)
$
$
$

18 COMMENTS

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

	PAYMENT START DATE	AMOUNT	PER DAY	PER WEEK
PSL	D M Y	$	[ ]	[ ]
WLI	D M Y	$	[ ]	[ ]
MATERNITY/ PARENTAL	D M Y	$	[ ]	[ ]

20 COMMUNICATION PREFERRED IN
[X] English [ ] French

21 TELEPHONE NO.
(111)111-1111

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

Name of Issuer
Issuer Name

D 12 M 06 Y 2008

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Version 9.0

Canada

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

Page 2 contains important information.

Ce formulaire est également disponible en français