RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO.	**2** SERIAL NO. OF ROE AMENDED OR REPLACED	**3** EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS

5 CRA BUSINESS NUMBER (BN)

6 PAY PERIOD TYPE

7 POSTAL CODE

8 SOCIAL INSURANCE NO.

9 EMPLOYEE'S NAME AND ADDRESS

10 FIRST DAY WORKED — D M Y

11 LAST DAY FOR WHICH PAID — D M Y

12 FINAL PAY PERIOD ENDING DATE — D M Y

13 OCCUPATION

14 EXPECTED DATE OF RECALL — D M Y
☐ UNKNOWN ☐ NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2

16 REASON FOR ISSUING THIS ROE

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

FOR FURTHER INFORMATION, CONTACT

TELEPHONE NO.

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.

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

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

B - STATUTORY HOLIDAY PAY FOR (D M Y $) ×10

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 — $ — ☐ — ☐

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

D M Y

20 COMMUNICATION PREFERRED IN ☐ English ☐ French

21 TELEPHONE NO.