

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO. E0000000	<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>5</b> CRA PAYROLL ACCOUNT NUMBER																																																																																																																																																																		
		<b>6</b> PAY PERIOD TYPE																																																																																																																																																																		
		<b>7</b> POSTAL CODE																																																																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS		<b>8</b> SOCIAL INSURANCE NO.																																																																																																																																																																		
		<b>10</b> FIRST DAY WORKED <span style="float:right">D M Y</span>																																																																																																																																																																		
		<b>11</b> LAST DAY FOR WHICH PAID <span style="float:right">D M Y</span>																																																																																																																																																																		
		<b>12</b> FINAL PAY PERIOD ENDING DATE <span style="float:right">D M Y</span>																																																																																																																																																																		
<b>13</b> OCCUPATION		<b>14</b> EXPECTED DATE OF RECALL <span style="float:right">D M Y</span>																																																																																																																																																																		
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<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2		<b>16</b> REASON FOR ISSUING THIS ROE Check documentation for this code. <span style="float:right">Enter Code --&gt; <input type="text"/></span>																																																																																																																																																																		
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2		FOR FURTHER INFORMATION, CONTACT																																																																																																																																																																		
<b>15C</b> 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.		<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.																																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>2</td><td></td><td>3</td><td></td></tr> <tr><td>4</td><td></td><td>5</td><td></td><td>6</td><td></td></tr> <tr><td>7</td><td></td><td>8</td><td></td><td>9</td><td></td></tr> <tr><td>10</td><td></td><td>11</td><td></td><td>12</td><td></td></tr> <tr><td>13</td><td></td><td>14</td><td></td><td>15</td><td></td></tr> <tr><td>16</td><td></td><td>17</td><td></td><td>18</td><td></td></tr> <tr><td>19</td><td></td><td>20</td><td></td><td>21</td><td></td></tr> <tr><td>22</td><td></td><td>23</td><td></td><td>24</td><td></td></tr> <tr><td>25</td><td></td><td>26</td><td></td><td>27</td><td></td></tr> <tr><td>28</td><td></td><td>29</td><td></td><td>30</td><td></td></tr> <tr><td>31</td><td></td><td>32</td><td></td><td>33</td><td></td></tr> <tr><td>34</td><td></td><td>35</td><td></td><td>36</td><td></td></tr> <tr><td>37</td><td></td><td>38</td><td></td><td>39</td><td></td></tr> <tr><td>40</td><td></td><td>41</td><td></td><td>42</td><td></td></tr> <tr><td>43</td><td></td><td>44</td><td></td><td>45</td><td></td></tr> <tr><td>46</td><td></td><td>47</td><td></td><td>48</td><td></td></tr> <tr><td>49</td><td></td><td>50</td><td></td><td>51</td><td></td></tr> <tr><td>52</td><td></td><td>53</td><td></td><td></td><td></td></tr> </tbody> </table>		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>A - Vacation Pay</b> \$ _____ START DATE (D/M/Y): _____ END DATE (D/M/Y): _____ <b>B - STATUTORY HOLIDAY PAY FOR</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>D</th> <th>M</th> <th>Y</th> <th>\$</th> <th>D</th> <th>M</th> <th>Y</th> <th>\$</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td><td> </td><td> </td><td> </td><td>\$</td></tr> </tbody> </table> <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): _____	D	M	Y	\$	D	M	Y	\$				\$				\$				\$				\$				\$				\$				\$				\$				\$				\$
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<b>22</b> 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 Signature: _____		<span style="float:right">D M Y</span>																																																																																																																																																																		