

RECORD OF EMPLOYMENT (ROE)

EMPLOYER: SEE THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT, IT IS ALSO AVAILABLE ON THE WEB SITE AT: WWW.SERVICECANADA.GC.CA

Protected when completed - B

1 SERIAL NO. E08540164	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO.
4 EMPLOYER'S NAME AND ADDRESS		5 CRA'S BUSINESS NO. (BN)
6 EMPLOYER'S ADDRESS		6 PAY PERIOD TYPE
7 POSTAL CODE		8 SOCIAL INSURANCE NO.
9 EMPLOYEE'S NAME AND ADDRESS		10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED)
		11 LAST DAY FOR WHICH PAID
		12 FINAL PAY PERIOD ENDING DATE

13 OCCUPATION	14 EXPECTED DATE OF RECALL
15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE	16 REASON FOR ISSUING THIS ROE ▶ ENTER CODE
	FOR FURTHER INFORMATION, CONTACT
	TELEPHONE NO. ▶ ()

15C ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.

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	

17 ONLY COMPLETE IF PAYMENTS 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												
\$	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>D</td> <td>M</td> <td>Y</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table>	D	M	Y	\$				\$				\$
D	M	Y	\$										
			\$										
			\$										
C - OTHER MONIES (SPECIFY)													
\$													
\$													
\$													

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

PAYMENT START DATE	AMOUNT					
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>D</td> <td>M</td> <td>Y</td> </tr> </table>	D	M	Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">\$</td> <td style="width:50%;"></td> </tr> </table> <input type="checkbox"/> PER DAY <input type="checkbox"/> PER WEEK	\$	
D	M	Y				
\$						

20 COMMUNICATION PREFERRED IN ENGLISH FRENCH

21 TELEPHONE NO. ()

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

		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>D</td> <td>M</td> <td>Y</td> </tr> </table>	D	M	Y
D	M	Y			

SIGNATURE OF ISSUER _____ NAME OF ISSUER (please print) _____ DATE _____