

# RECORD OF EMPLOYMENT (ROE)

<b>1</b> SERIAL NO. <b>T00016288</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED <b>T00016283</b>	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO.																																																																																																																		
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>ROE Guest Business 9998 190 Promenade Du Portage  Hull, QC Canada</b>		<b>5</b> CRA BUSINESS NUMBER (BN) <b>10000025RP9998</b>																																																																																																																		
<b>7</b> POSTAL CODE <b>S4W 5V1</b>		<b>6</b> PAY PERIOD TYPE <b>W - Weekly</b>																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>John Smith  123 Anywhere Street Ottawa, Ontario Q2E 1E4</b>		<b>8</b> SOCIAL INSURANCE NO. <b>990-000-010</b>																																																																																																																		
<b>13</b> OCCUPATION <b>Carpenter</b>		<b>10</b> FIRST DAY WORKED D M Y <b>07 07 2001</b>																																																																																																																		
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>975</b>		<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>26 08 2005</b>																																																																																																																		
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <b>\$ 11,962.13</b>		<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>27 08 2005</b>																																																																																																																		
<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>14</b> EXPECTED DATE OF RECALL <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING																																																																																																																		
<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>862.32</td><td>2</td><td>397.45</td><td>3</td><td>465.32</td></tr> <tr><td>4</td><td>465.32</td><td>5</td><td>465.32</td><td>6</td><td>465.32</td></tr> <tr><td>7</td><td>465.32</td><td>8</td><td>0.00</td><td>9</td><td>465.32</td></tr> <tr><td>10</td><td>465.32</td><td>11</td><td>465.32</td><td>12</td><td>465.32</td></tr> <tr><td>13</td><td>465.32</td><td>14</td><td>465.32</td><td>15</td><td>465.32</td></tr> <tr><td>16</td><td>465.32</td><td>17</td><td>465.32</td><td>18</td><td>465.32</td></tr> <tr><td>19</td><td>465.32</td><td>20</td><td>0.00</td><td>21</td><td>465.32</td></tr> <tr><td>22</td><td>465.32</td><td>23</td><td>465.32</td><td>24</td><td>465.32</td></tr> <tr><td>25</td><td>465.32</td><td>26</td><td>465.32</td><td>27</td><td>465.32</td></tr> <tr><td>28</td><td>465.32</td><td>29</td><td>465.32</td><td>30</td><td>465.32</td></tr> <tr><td>31</td><td>465.32</td><td>32</td><td>465.32</td><td>33</td><td>465.32</td></tr> <tr><td>34</td><td>465.32</td><td>35</td><td>465.32</td><td>36</td><td>0.00</td></tr> <tr><td>37</td><td>465.32</td><td>38</td><td>465.32</td><td>39</td><td>465.32</td></tr> <tr><td>40</td><td>465.32</td><td>41</td><td>465.32</td><td>42</td><td>465.32</td></tr> <tr><td>43</td><td>465.32</td><td>44</td><td>465.32</td><td>45</td><td>465.32</td></tr> <tr><td>46</td><td>465.32</td><td>47</td><td>465.32</td><td>48</td><td>465.32</td></tr> <tr><td>49</td><td>465.32</td><td>50</td><td>465.32</td><td>51</td><td>465.32</td></tr> <tr><td>52</td><td>465.32</td><td>53</td><td>465.32</td><td></td><td></td></tr> </tbody> </table>		P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	1	862.32	2	397.45	3	465.32	4	465.32	5	465.32	6	465.32	7	465.32	8	0.00	9	465.32	10	465.32	11	465.32	12	465.32	13	465.32	14	465.32	15	465.32	16	465.32	17	465.32	18	465.32	19	465.32	20	0.00	21	465.32	22	465.32	23	465.32	24	465.32	25	465.32	26	465.32	27	465.32	28	465.32	29	465.32	30	465.32	31	465.32	32	465.32	33	465.32	34	465.32	35	465.32	36	0.00	37	465.32	38	465.32	39	465.32	40	465.32	41	465.32	42	465.32	43	465.32	44	465.32	45	465.32	46	465.32	47	465.32	48	465.32	49	465.32	50	465.32	51	465.32	52	465.32	53	465.32			<b>16</b> REASON FOR ISSUING THIS ROE ENTER CODE <b>A</b>  FOR FURTHER INFORMATION, CONTACT <b>Bill Smith</b> TELEPHONE NO. <b>(514) 123-4567</b>
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS																																																																																																															
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		<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. A - VACATION PAY B - STATUTORY HOLIDAY PAY FOR <b>\$ 397.00</b>																																																																																																																		
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		<b>C - OTHER MONIES (SPECIFY)</b> <b>E - Severance Pay</b> \$ <b>989.71</b>																																																																																																																		
		<b>18</b> COMMENTS																																																																																																																		
		<b>19</b> ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED). PAYMENT START DATE AMOUNT D M Y \$ <input type="checkbox"/> PER DAY <input type="checkbox"/> PER WEEK																																																																																																																		
		<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French <b>21</b> TELEPHONE NO. <b>(613)123-4567</b>																																																																																																																		
		<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 <b>Jean Leduc</b>																																																																																																																		
		D M Y <b>06 09 2005</b>																																																																																																																		