

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. **E28021213** 2 SERIAL NO. OF ROE AMENDED OR REPLACED 3 EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS
Blackstone Contracting
4325 Parkdale Road

5 CRA'S BUSINESS NO. (BN) **854303369RPO001**

6 PAY PERIOD TYPE **Biweekly**

7 POSTAL CODE **R1A 1B9** 8 SOCIAL INSURANCE NO. **[REDACTED]**

9 EMPLOYEE'S NAME AND ADDRESS
Doug Karret
5249 Rebeck Road
Narol, MB R1C 0G2

10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED) **10 08 2015**

11 LAST DAY FOR WHICH PAID **30 09 2015**

12 FINAL PAY PERIOD ENDING DATE **03 10 2015**

13 OCCUPATION **DRIVER** 14 EXPECTED DATE OF RECALL UNKNOWN NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE **341.7** 16 REASON FOR ISSUING THIS ROE ENTER CODE **M**

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE **\$ 6770.88** 17 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

	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).

20 COMMUNICATION PREFERRED IN ENGLISH FRENCH 21 TELEPHONE NO. **204-339-7219**

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

SIGNATURE OF ISSUER **mwoleski** NAME OF ISSUER (please print) **mwoleski** DATE **04 10 15**

