

**RECORD OF EMPLOYMENT (ROE)**

<b>1</b> SERIAL NO.	<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>8</b> SOCIAL INSURANCE NO.																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS		<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>14</b> EXPECTED DATE OF RECALL <span style="float:right">D M Y</span> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING																																																																																																																			
<b>13</b> OCCUPATION		<b>14</b> EXPECTED DATE OF RECALL <span style="float:right">D M Y</span> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING																																																																																																																			
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2		<b>16</b> REASON FOR ISSUING THIS ROE																																																																																																																			
<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.		TELEPHONE NO.																																																																																																																			
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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 <span style="float:right">D M Y</span>																																																																																																																			