Service Canada

THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT PROVIDES DETAILED INSTRUCTIONS

RECORD OF EMPLOYMENT (ROE)

Protected when completed - B

1 SERIAL NO: W32894127

2 SERIAL NO. OF ROE AMENDED OR REPLACED:

3 EMPLOYER'S PAYROLL REFERENCE NO.: SEHJAS

4 EMPLOYER'S NAME AND ADDRESS:
Triple Flip Inc
#7-6120-11th St S E
Calgary AB
Canada

5 CRA BUSINESS NUMBER (BN): 857341630RP0001

6 PAY PERIOD TYPE: S - Semi-Monthly

7 POSTAL CODE: T2H2L7

8 SOCIAL INSURANCE NO.: 728-304-627

9 EMPLOYEE'S NAME AND ADDRESS:
Jason C Sehn
56 Prestwick Heights SE
Calgary AB
T2Z4H8

10 FIRST DAY WORKED: D 21 M 07 Y 2011

11 LAST DAY FOR WHICH PAID: D 25 M 04 Y 2014

12 FINAL PAY PERIOD ENDING DATE: D 30 M 04 Y 2014

13 OCCUPATION: Warehouse Assistant

14 EXPECTED DATE OF RECALL: D M Y
☐ UNKNOWN ☒ NOT RETURNING

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2: 1127

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2: $ 18,252.63

16 REASON FOR ISSUING THIS ROE: Other — K

FOR FURTHER INFORMATION, CONTACT:
Shopolova Mariana
TELEPHONE NO: (403) 769-3547

15C 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.

PP	INSURABLE EARNINGS	PP	INSURABLE EARNINGS	PP	INSURABLE EARNINGS
1	1,089.50	2	1,474.83	3	1,474.83
4	1,474.83	5	1,473.33	6	1,473.33
7	952.00	8	1,473.33	9	1,473.33
10	1,473.33	11	1,473.33	12	1,473.33
13	1,473.33	14	0.00	15	0.00
16	0.00	17	0.00	18	0.00
19	0.00	20	0.00	21	0.00
22	0.00	23	0.00	24	0.00
25	0.00	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			

17 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: $
START DATE (D/M/Y): END DATE (D/M/Y):

B - STATUTORY HOLIDAY PAY FOR:

D M Y	$	D M Y	$
	$		$
	$		$
	$		$
	$		$

C - OTHER MONIES (SPECIFY): $
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):

19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT

	START DATE D M Y	END DATE D M Y	AMOUNT	PER DAY	PER WEEK
PSL			$	☐	☐
WLI			$	☐	☐
MAT/PAR/CC			$	☐	☐

18 COMMENTS:
Jason left the company to follow his wife in British Columbia where she has more employment opportunities. Linda Sehn was working for our company as well and was laid off due to restructuring.
Mariana Shopolova

20 COMMUNICATION PREFERRED IN: ☒ English ☐ French

21 TELEPHONE NO.: (403) 769-3547 223

22 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: Sarah Ballard
D 05 M 05 Y 2014

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ersion 10.0.5

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

Canada

Page 2 contains important information.

Ce formulaire est également disponible en français

1-800-206-7218

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