

## RECORD OF EMPLOYMENT (ROE)

<b>1</b> SERIAL NO. <b>W68970060</b>		<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED		<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO. <b>1041</b>																																																																																																																			
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>683488 Ontario Ltd</b> <b>579 Glover Road</b>  <b>Hannon ON</b> <b>Canada</b>				<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>106550734RP0001</b>																																																																																																																			
<b>7</b> POSTAL CODE <b>L0P1P0</b>				<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>																																																																																																																			
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>Nadim-Daniel Ghaznavi</b> <b>597 Barton Street East</b> <b>Hamilton</b> <b>Ontario</b>				<b>8</b> SOCIAL INSURANCE NO. <b>489-783-357</b>																																																																																																																			
<b>13</b> OCCUPATION <b>Landscape labourer</b>				<b>10</b> FIRST DAY WORKED D M Y <b>03 09 2019</b>																																																																																																																			
<b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <b>337</b>				<b>11</b> LAST DAY FOR WHICH PAID D M Y <b>07 11 2019</b>																																																																																																																			
<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ <b>6,133.42</b>				<b>12</b> FINAL PAY PERIOD ENDING DATE D M Y <b>17 11 2019</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 D M Y <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT RETURNING																																																																																																																			
<table border="1" style="width:100%"><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>813.41</td><td>2</td><td>1,111.25</td><td>3</td><td>1,041.25</td></tr><tr><td>4</td><td>1,295.00</td><td>5</td><td>1,229.38</td><td>6</td><td>643.13</td></tr><tr><td>7</td><td></td><td>8</td><td></td><td>9</td><td></td></tr><tr><td>10</td><td></td><td>11</td><td></td><td>12</td><td></td></tr><tr><td>13</td><td></td><td>14</td><td></td><td>15</td><td></td></tr><tr><td>16</td><td></td><td>17</td><td></td><td>18</td><td></td></tr><tr><td>19</td><td></td><td>20</td><td></td><td>21</td><td></td></tr><tr><td>22</td><td></td><td>23</td><td></td><td>24</td><td></td></tr><tr><td>25</td><td></td><td>26</td><td></td><td>27</td><td></td></tr><tr><td>28</td><td></td><td>29</td><td></td><td>30</td><td></td></tr><tr><td>31</td><td></td><td>32</td><td></td><td>33</td><td></td></tr><tr><td>34</td><td></td><td>35</td><td></td><td>36</td><td></td></tr><tr><td>37</td><td></td><td>38</td><td></td><td>39</td><td></td></tr><tr><td>40</td><td></td><td>41</td><td></td><td>42</td><td></td></tr><tr><td>43</td><td></td><td>44</td><td></td><td>45</td><td></td></tr><tr><td>46</td><td></td><td>47</td><td></td><td>48</td><td></td></tr><tr><td>49</td><td></td><td>50</td><td></td><td>51</td><td></td></tr><tr><td>52</td><td></td><td>53</td><td></td><td></td><td></td></tr></tbody></table>				P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	1	813.41	2	1,111.25	3	1,041.25	4	1,295.00	5	1,229.38	6	643.13	7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		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				<b>16</b> REASON FOR ISSUING THIS ROE <b>Quit</b> <b>E</b>  FOR FURTHER INFORMATION, CONTACT <b>CAROL A WOOD</b> TELEPHONE NO. <b>(905) 575-7511</b>	
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS																																																																																																																		
1	813.41	2	1,111.25	3	1,041.25																																																																																																																		
4	1,295.00	5	1,229.38	6	643.13																																																																																																																		
7		8		9																																																																																																																			
10		11		12																																																																																																																			
13		14		15																																																																																																																			
16		17		18																																																																																																																			
19		20		21																																																																																																																			
22		23		24																																																																																																																			
25		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																																																																																																																					
<table border="1" style="width:100%"><tr><td colspan="2"><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.</td></tr><tr><td colspan="2"><b>A - VACATION PAY</b></td></tr><tr><td colspan="2"><b>Paid because no longer working</b> \$ <b>235.91</b></td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr><tr><td colspan="2"><b>B - STATUTORY HOLIDAY PAY FOR</b></td></tr><tr><td>D M Y</td><td>D M Y</td></tr><tr><td>\$</td><td>\$</td></tr><tr><td>\$</td><td>\$</td></tr><tr><td>\$</td><td>\$</td></tr><tr><td>\$</td><td>\$</td></tr><tr><td>\$</td><td>\$</td></tr><tr><td colspan="2"><b>C - OTHER MONIES (SPECIFY)</b></td></tr><tr><td colspan="2">\$</td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr><tr><td colspan="2">\$</td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr><tr><td colspan="2">\$</td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr></table>				<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.		<b>A - VACATION PAY</b>		<b>Paid because no longer working</b> \$ <b>235.91</b>		START DATE (D/M/Y):	END DATE (D/M/Y):	<b>B - STATUTORY HOLIDAY PAY FOR</b>		D M Y	D M Y	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	<b>C - OTHER MONIES (SPECIFY)</b>		\$		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):	<b>19</b> PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT <table border="1" style="width:100%"><thead><tr><th></th><th>START DATE</th><th>END DATE</th><th>AMOUNT</th><th>PER DAY</th><th>PER WEEK</th></tr><tr><th></th><th>D M Y</th><th>D M Y</th><th></th><th></th><th></th></tr></thead><tbody><tr><td>PSL</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>WLI - Not ins.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>WLI - Ins.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>MAT/PAR/CC/FC</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>			START DATE	END DATE	AMOUNT	PER DAY	PER WEEK		D M Y	D M Y				PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Not ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																										
<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.																																																																																																																							
<b>A - VACATION PAY</b>																																																																																																																							
<b>Paid because no longer working</b> \$ <b>235.91</b>																																																																																																																							
START DATE (D/M/Y):	END DATE (D/M/Y):																																																																																																																						
<b>B - STATUTORY HOLIDAY PAY FOR</b>																																																																																																																							
D M Y	D M Y																																																																																																																						
\$	\$																																																																																																																						
\$	\$																																																																																																																						
\$	\$																																																																																																																						
\$	\$																																																																																																																						
\$	\$																																																																																																																						
<b>C - OTHER MONIES (SPECIFY)</b>																																																																																																																							
\$																																																																																																																							
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):																																																																																																																						
	START DATE	END DATE	AMOUNT	PER DAY	PER WEEK																																																																																																																		
	D M Y	D M Y																																																																																																																					
PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
WLI - Not ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
<b>18</b> COMMENTS				<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French																																																																																																																			
				<b>21</b> TELEPHONE NO. <b>(905) 575-7511</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>CAROL A WOOD</b>																																																																																																																			
				D M Y <b>21 11 2019</b>																																																																																																																			