



## **RECORD OF EMPLOYMENT (ROE)**

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

Protected when completed - B

1	SERIAL NO. <b>M17099756</b>	2	SERIAL NO. OF ROE AMENDED OR REPLACED	3	EMPLOYER'S PAYROLL REFERENCE NO.
4	EMPLOYER'S NAME AND ADDRESS <b>STAGE 3 SEPARATION CANADA, INC</b> <b>2000 SILBER ROAD</b>			5	CRA PAYROLL ACCOUNT NUMBER <b>717501332RP0001</b>
6				6	PAY PERIOD TYPE <b>B - Bi-weekly</b>
7				7	POSTAL CODE <b>77055</b>
8				8	SOCIAL INSURANCE NO. <b>651-678-294</b>
9	EMPLOYEE'S NAME AND ADDRESS <b>Jonathan Co</b> <b>228 Edgemont Estates Dr. NW</b> <b>Calgary</b>			10	FIRST DAY WORKED D M Y <b>24   08   2025</b>
11				11	LAST DAY FOR WHICH PAID D M Y <b>03   09   2025</b>
12				12	FINAL PAY PERIOD ENDING DATE D M Y <b>06   09   2025</b>
13	OCCUPATION			14	EXPECTED DATE OF RECALL D M Y <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING <b>09   10   2025</b>
15A	TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2			16	REASON FOR ISSUING THIS ROE <b>Parental</b> <span style="float: right;"><b>P</b></span>
15B	TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2			FOR FURTHER INFORMATION, CONTACT <b>Michelle Sherman</b> TELEPHONE NO. <b>(281) 725-2233</b>	
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.			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.
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	<b>1,979.52</b>	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	
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			
18	COMMENTS				
19	PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT				
PSL	START DATE D M Y	END DATE D M Y	AMOUNT \$	PER DAY <input type="checkbox"/>	PER WEEK <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"/>
20	COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French			21	TELEPHONE NO. <b>(844) 438-4864</b>
22	I AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.				
Name of Issuer <b>Ritika</b> <b>Ritika</b>					
D M Y	11   09   2025				

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Page 2 contains important information.

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