

RECORD OF EMPLOYMENT (ROE)

1	SERIAL NO. M03018675	2	SERIAL NO. OF ROE AMENDED OR REPLACED	3	EMPLOYER'S PAYROLL REFERENCE NO. 158455																																																
4	EMPLOYER'S NAME AND ADDRESS PCL ENERGY INC. District 10003 56 AVE NW EDMONTON AB Canada			5	CRA PAYROLL ACCOUNT NUMBER 866194608RP0001																																																
		7	POSTAL CODE T6E5L7	6	PAY PERIOD TYPE W - Weekly																																																
9	EMPLOYEE'S NAME AND ADDRESS HASSAN M HASSAN UNIT 302 11914 81 STREET EDMONTON Alberta, CA			8	SOCIAL INSURANCE NO. 688-343-367																																																
			T5B2S6	10	FIRST DAY WORKED D M Y 15 02 2022																																																
13	OCCUPATION Scaffollder APP 2			11	LAST DAY FOR WHICH PAID D M Y 13 10 2023																																																
				12	FINAL PAY PERIOD ENDING DATE D M Y 14 10 2023																																																
				14	EXPECTED DATE OF RECALL D M Y <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING																																																
15A	TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 2499			16	REASON FOR ISSUING THIS ROE Shortage of work / End of contract or season A																																																
15B	TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 \$ 50,248.45			FOR FURTHER INFORMATION, CONTACT Missy Turcotte TELEPHONE NO. (780) 733-6256																																																	
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.																																																	
A - VACATION PAY																																																					
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B - STATUTORY HOLIDAY PAY FOR																																																					
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D	M	Y	\$	D	M	Y	\$																																														
C - OTHER MONIES (SPECIFY)																																																					
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19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT																																																					
<table><tr><td></td><td>START DATE</td><td>END DATE</td><td>AMOUNT</td><td>PER DAY</td><td>PER WEEK</td></tr><tr><td></td><td>D M Y</td><td>D M Y</td><td></td><td></td><td></td></tr><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></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"/>												
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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. (780) 733-5500																																																	
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 Shabbir Jivanjee D M Y 18 10 2023																																																					