

RECORD OF EMPLOYMENT (ROE)

UNIQUE IDENTIFIER SDES

1 SERIAL NO. S15518862 2 SERIAL NO. OF ROE AMENDED OR REPLACED 3 EMPLOYER'S PAYROLL REFERENCE NUMBER
 00221458 000000071

4 EMPLOYER'S NAME AND ADDRESS
 Beau's All Natural Brewing com
 10 Terry Fox Drive PO Box 279
 Vankleek Hill
 ONTARIO

5 CRA BUSINESS NUMBER (BN) 860962521RP0001
 8 SOCIAL INSURANCE NUMBER 527 125 009
 10 FIRST DAY WORKED 23 03 14

6 PAY PERIOD TYPE BI-WEEKLY
 11 LAST DAY FOR WHICH PAID 06 03 18
 12 FINAL PAY PERIOD ENDING DATE 17 03 18

9 EMPLOYEE'S NAME AND ADDRESS
 Riden, Thaila
 3440 County Rd 10
 Vankleek Hill
 ONTARIO KOB 1R0

14 EXPECTED DATE OF RECALL NOT PLANNED
 13 OCCUPATION Organic Compliance Officer

15a TOTAL INSURABLE HOURS ACCORDING TO CHART 1826

15b TOTAL INSURABLE EARNINGS ACCORDING TO CHART 20362.18

16 REASON FOR ISSUING THIS ROE A00
 FOR FURTHER INFORMATION, CONTACT
 Christine Chaplin
 TELEPHONE NO. 613 678 2799

15c PP	PAY PERIOD ENDING DATE	INSURABLE EARNINGS	INSUR-ABLE HOURS	PP	PAY PERIOD ENDING DATE	INSURABLE EARNINGS	INSUR-ABLE HOURS
1	17 03 18	282.69	16.00	2	03 03 18	1413.46	80.00
3	17 02 18	1413.46	80.00	4	03 02 18	1413.46	80.00
5	20 01 18	1413.46	80.00	6	06 01 18	2347.66	24.00
7	23 12 17	1413.46		8	09 12 17	1413.46	
9	25 11 17	1413.46		10	11 11 17	1872.84	106.00
11	28 10 17	1413.46	80.00	12	14 10 17	1826.51	79.71
13	30 09 17	1362.40	80.00	14	16 09 17	1362.40	80.00
15	02 09 17	1362.40	80.00	16	19 08 17	1362.40	80.00
17	05 08 17	1362.40	80.00	18	22 07 17	1362.40	80.00
19	08 07 17	1359.39	80.00	20	24 06 17	1362.40	80.00
21	10 06 17	1362.40	80.00	22	27 05 17	1362.40	80.00
23	13 05 17	1362.40	80.00	24	29 04 17	1362.40	80.00
25	15 04 17	1362.40	80.00	26	01 04 17	1362.40	80.00
27	18 03 17	1362.40	80.00	28			
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17 SEPARATION PAYMENTS
 A - VACATION PAY
 Start date (D/M/Y) End date (D/M/Y)
 B - STATUTORY HOLIDAY
 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)

18 COMMENTS

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

	START DATE DM/Y	END DATE DM/Y	AMOUNT	PER DAY	PER WEEK
PSL				<input type="checkbox"/>	<input type="checkbox"/>
WLJ - Not Ins.				<input type="checkbox"/>	<input type="checkbox"/>
WLJ - Ins.				<input type="checkbox"/>	<input type="checkbox"/>
MAP/PCO/FA				<input type="checkbox"/>	<input type="checkbox"/>

20 COMMUNICATION PREFERRED IN FRENCH ENGLISH 21 TELEPHONE NO. 613 678 2799

22 NAME OF ISSUER Lisa LeTouzél
 DATE ISSUED (DM/Y) 21 03 18

THIS RECORD OF EMPLOYMENT IS SUBMITTED BY Desjardins Payroll and Human Resources Services, PAYROLL SERVICE PROVIDER, ON BEHALF OF THE EMPLOYER NAMED IN [BOX 4], AS AUTHORIZED BY A LETTER OF AGREEMENT BETWEEN THE PAYROLL SERVICE PROVIDER AND THE EMPLOYER

REG-001 (05/2018)