

RECORD OF EMPLOYMENT (ROE)

EMPLOYER: SEE THE GUIDE - HOW TO COMPLETE THE RECORD OF EMPLOYMENT. IT IS ALSO AVAILABLE ON THE WEB SITE AT: WWW.SERVICECANADA.GC.CA

Protect.com

1 SERIAL NO. **E24771016** 2 SERIAL NO. OF ROE AMENDED OR REPLACED

3 EMPLOYER'S PAYROLL REFERENCE NO.

4 EMPLOYER'S NAME AND ADDRESS
Saint John Major Junior Hockey Club Ltd.
99 Station Street Suite 200
Saint John, NB

5 CRA'S BUSINESS NO. (BN) *859730376 RFD00*

6 PAY PERIOD TYPE *Bi-weekly*

7 POSTAL CODE *E2L 4X4* 8 SOCIAL INSURANCE NO.

9 EMPLOYEE'S NAME AND ADDRESS
Walter, Lukas M
25645 82 Ave Langley, BC
VIM 2M8

10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED) D M *13 09*

11 LAST DAY FOR WHICH PAID D M *14 03*

12 FINAL PAY PERIOD ENDING DATE D M *14 03*

13 OCCUPATION *Hockey Player*

14 EXPECTED DATE OF RECALL
 UNKNOWN NOT RETURNING D M

15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON REVERSE *1048.*

15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON REVERSE *\$ 15342.99*

15C ONLY COMPLETE IF THERE HAS BEEN A PAY PERIOD WITH NO INSURABLE EARNINGS. COMPLETE ACCORDING TO CHART ON REVERSE.

P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
1	1171.45	2	1171.45	3	1171.45
4	1171.45	5	1171.45	6	1171.45
7	1171.45	8	1171.45	9	1171.45
10	1171.45	11	1171.45	12	1171.45
13	1175.26	14	110.33	15	
16		17		18	
19		20		21	
22		23		24	
25		26		27	

16 REASON FOR ISSUING THIS ROE ENTER CODE *A*

17 FOR FURTHER INFORMATION, CONTACT *RICK WALSH*

TELEPHONE NO. *(506) 632-8155*

17 ONLY COMPLETE IF PAYMENTS OR BENEFITS (OTHER THAN REGULAR PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE LATER DATE).

A - VACATION PAY \$

B - STATUTORY HOLIDAY PAY FOR

D	M	Y	\$

C - OTHER MONIES (SPECIFY)

18 COMMENTS
This is Exhibit AA referred to in the affidavit of Andrew J. Eckert sworn before me, this 20th day of February, 2015.
[Signature] commissioner for taking affidavits

19 ONLY COMPLETE IF PAID SICK/MATERNITY/PARENTAL LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT (AFTER THE LAST DAY WORKED).

PAYMENT START DATE D M Y AMOUNT \$ PER DAY PER WEEK

20 COMMUNICATION PREFERRED IN ENGLISH FRENCH 21 TELEPHONE NO. *(506) 632-8155*

22 I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.

[Signature]
SIGNATURE OF ISSUER

Rick Walsh
NAME OF ISSUER (please print)

D M *17 03*
DATE



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

EMPLOYEE'S COPY 1
(See reverse) PART
Formulaire disponible en français.