

## REQUEST FOR RECORD OF EMPLOYMENT CUPE 947 Non 12-Month Employees

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

EXPECTED LAST DAY OF WORK: \_\_\_\_\_

- REGULAR
- or
- SPAREBOARD

**PLEASE NOTE:**

**Email the form to [Payroll@sd61.bc.ca](mailto:Payroll@sd61.bc.ca) or Fax (250-475-6159)**

**Your ROE will be submitted electronically to Service Canada. Hard copies are not printed.**

<b>*** PAYROLL &amp; BENEFITS OFFICE USE ONLY ***</b>	
REGULAR CUPE 947	CASUAL CUPE 947
First day worked since last ROE: _____	First day worked since last ROE: _____
Last day paid: _____	Last day paid: _____
Prior Year Statutory Pay: _____ Prior Year Vacation Payout: _____ Current Year Statutory Pay: _____	Reason for Issuing ROE: _____