

REQUEST FOR RECORD OF EMPLOYMENT

CUPE 947 Non-12-Month Employees

Please **DO NOT** lock or password protect this form.

DATE: _____

EMPLOYEE #: _____

EMPLOYEE FIRST NAME: _____

EMPLOYEE LAST NAME: _____

EXPECTED LAST DAY OF WORK: _____

- REGULAR
- or
- SPAREBOARD

PLEASE NOTE:

Email the form to Payroll@sd61.bc.ca or Fax (250-475-6159)

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

***** PAYROLL & BENEFITS OFFICE USE ONLY *****

REGULAR CUPE 947	CASUAL CUPE 947
First day worked since last ROE:	First day worked since last ROE:
Last day paid:	Last day paid:
Current Year Statutory Pay: _____ Hours: _____	Reason for Issuing ROE:
Current Year Vacation Payout: _____	
Current Year Other Payout: _____	