



Employment Insurance

OPTIONAL WEEKLY PAY PERIODS WORKSHEET (or attach an insurable earnings report available through your Payroll Service Provider or Payroll Software Vendor to the ROE form)

Addendum to: (indicate ROE Serial No.)				Social Insurance Number	
Block 15C – Continued					
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
28		29		30	
31		32		33	
34		35		36	
37		38		39	
40		41		42	
43		44		45	
46		47		48	
49		50		51	
52		53			
I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS ADDENDUM FORM ARE TRUE.					
Signature of issuer		Name of Issuer (please print)		Date	
				D	M
					Y

NOTE TO THE EMPLOYEE: THIS ADDENDUM SHOULD REMAIN ATTACHED TO THE RECORD OF EMPLOYMENT WITH THE SERIAL NUMBER INDICATED ABOVE.

OPTIONAL WEEKLY PAY PERIODS WORKSHEET (or attach an insurable earnings report available through your Payroll Service Provider or Payroll Software Vendor to the ROE form)

Addendum to: (indicate ROE Serial No.)				Social Insurance Number	
Block 15C – Continued					
P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS
28		29		30	
31		32		33	
34		35		36	
37		38		39	
40		41		42	
43		44		45	
46		47		48	
49		50		51	
52		53			
I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS ADDENDUM FORM ARE TRUE.					
Signature of issuer		Name of Issuer (please print)		Date	
				D	M
					Y

NOTE TO THE EMPLOYEE: THIS ADDENDUM SHOULD REMAIN ATTACHED TO THE RECORD OF EMPLOYMENT WITH THE SERIAL NUMBER INDICATED ABOVE.