



Request for Record of Employment

To obtain Employment Insurance Benefits (EI) from Service Canada

Employee Information: (Please print)

Name of Employee: _____
Last Name First Name Initial

Employee#(s): _____

Reason for ROE: Please check appropriate box

Reduction in Hours

Termination/Retirement

Illness First Day Sick Paid: _____ Last Day Sick Paid: _____
(DD/MMM/YYYY) (DD/MMM/YYYY)

Maternity/Parental starting: _____
(Copy of Leave Request Form required) (DD/MMM/YYYY)

Other (please specify) _____
(Copy of Leave Request Form required)

Last Day Worked: _____ (required for all Reasons)

Employee Signature

Phone Number

Date of Request

Completed ROE forms are submitted electronically to Service Canada on your behalf after your last paid/worked day has been processed.

If the last day worked or last day paid falls within the current pay period, Manager's approval is required to verify last day paid.

Department Managers Name (printed): _____ Phone#: _____

Department Manager Approval (Signature)

Date

Send completed form to Payroll Services:

FAX (250) 755-7621 – Nanaimo

Mail or Hand Deliver to: 1461 Estevan Road, Nanaimo, BC V9S 3Y3

Scan and Email to: Leave.PayBenefits@viha.ca