

REQUEST FOR RECORD OF EMPLOYMENT

Name and Address

Social Insurance Number (999 999 999)

Service Canada Center

Date (YYYY-MM-DD)

In order to process your claim for benefit, we need the form "Record of Employment" covering the employment noted below.

EMPLOYMENT INFORMATION	
Business Name of Employer	Telephone Number
Address	
First Day Worked (YYYY-MM-DD)	Last Day Worked (YYY-MM-DD)
IMPORTANT	
If your employer has given this Record of Employment to you, please bring or mail it to this office immediately.	
If you have not received this Record of Employment from your employer within 10 days of this request, please follow these instructions:	
1. Complete Part A below;	
2. Complete Parts B and C on the second page of this form;	
3. Return this form to the nearest Service Canada Centre.	
PART A	
Have you requested this Record of Employment? <input type="radio"/> Yes <input type="radio"/> No	
1. Describe what you have done to obtain this Record and any reason why it has not been issued (use a separate sheet if necessary)	
2. Give full details why you are no longer working with this employer. (use a separate sheet if necessary)	

** continue to Parts B and C on the second page.

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

PART B - STATEMENT OF EMPLOYMENT

AS THE FOLLOWING INFORMATION MAY BE USED TO CALCULATE YOUR CLAIM, PLEASE ENSURE THE INFORMATION YOU PROVIDE, IS AS ACCURATE AND COMPLETE AS POSSIBLE.

1. Type of work performed for this employer	2. First Day Worked (YYYY-MM-DD)	3. Last Day Worked (YYYY-MM-DD)
---	----------------------------------	---------------------------------

4. Rate of Pay \$ _____ per (week, month, etc.)	5. Normal Weekly Earnings \$ _____	6. Number of hours worked per week
--	---------------------------------------	------------------------------------

7. List any money paid or payable on termination of this employment and the reason for this payment, for example "Vacation Pay", "Severance Pay", etc.	1. \$ _____	
	2. \$ _____	
	3. \$ _____	

8. List the name, address and telephone number of any persons employed by, or associated with this employer, who may be able to provide information on your employment to support this statement.

Name	Address	Telephone Number

PART C - STATEMENT OF EMPLOYMENT

I declare that the information I have provided in this statement is true and that I have given this information for the purpose of obtaining Unemployment benefits. I am aware that there are penalties for making false or misleading statements.

I further declare that if I receive the Record of Employment covered by this statement, I will immediately forward or bring it to the nearest Service Canada Centre.

I understand that an overpayment or underpayment of benefits may result in a new calculation of my claim when the Record of Employment is received and that I must repay any resulting overpayment, and that any underpayment will be refunded to me.

Date (YYYY-MM-DD) _____

Signature of Claimant _____

FOR COMMISSION USE ONLY

INTERIM RECORD OF EMPLOYMENT

Period of Insurable Employment			
Date (YYYY-MM-DD)	Date (YYYY-MM-DD)	Insurable Hours	Insurable Earnings
from _____	to _____	_____	_____

Comments

Date (YYYY-MM-DD) _____

Signature of Agent _____