



University of New Brunswick

Request for Record of Employment (ROE)

Date Requested: _____

Name: _____

S.I.N: _____

Last day worked: _____ Hourly or Salary

To be received by:

MAIL

Address: _____

PICK UP

Phone Number: _____

Payroll Use Only

Number of Hours: _____

Dates Worked _____

Reason for Leaving _____

Insurable Earnings _____

PLEASE SEND COMPLETED FORM TO
Ferne Ingraham, Payroll Supervisor
Financial Services