

Certification:

I certify that the information provided in this Record of Employment is true, correct, and complete to the best of my knowledge and belief. This form has been completed in accordance with the Employment Insurance Act and Regulations of Canada and is intended for use by Service Canada.

Employer Signature: _____

Name and Title: _____

Telephone: _____

Date of Signature: _____

Employer Signature

Employee Signature

Signature: _____

Signature: _____

Date: _____

Date: _____

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