

RECORD OF EMPLOYMENT (ROE)

| <b>1</b> SERIAL NO.<br><b>W88002584</b>  | <b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED | <b>3</b> EMPLOYER'S PAYROLL REFERENCE NO.<br><b>Non Personal Information</b>   |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
|--|--|--|--------------------|--------------------------|--------------------------|---------|--------------------|--|-------------------|-------|------------|---------------------|-------------------|-----|------------|--|------------|--------------------------|--------------------------|----------------|------------|---|------------|--------------------------|--------------------------|------------|------------|----|------------|--------------------------|--------------------------|---------------|------------|----|------------|--------------------------|--------------------------|---|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|------------|--|--|--|
| <b>4</b> EMPLOYER'S NAME AND ADDRESS<br>Nova Scotia Liquor Corporation RFT<br>93 Chain Lake Drive<br><br>Halifax NS<br>Canada  |  | <b>5</b> CRA PAYROLL ACCOUNT NUMBER<br><b>Non Personal Information</b>   |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>9</b> EMPLOYEE'S NAME AND ADDRESS<br>Sabrina D McGrath<br>[REDACTED]  |  | <b>6</b> PAY PERIOD TYPE<br><b>B - Bi-weekly</b>   |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>7</b> POSTAL CODE<br><b>B3S1A3</b>  |  | <b>8</b> SOCIAL INSURANCE NO.<br>[REDACTED]  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>13</b> OCCUPATION<br><b>Store Manager IV</b>  |  | <b>10</b> FIRST DAY WORKED<br>D M Y<br><b>21   03   2021</b>   |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>15A</b> TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2<br><b>1766</b>   |  | <b>11</b> LAST DAY FOR WHICH PAID<br>D M Y<br><b>14   01   2022</b>  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2<br>\$ [REDACTED]  |  | <b>12</b> FINAL PAY PERIOD ENDING DATE<br>D M Y<br><b>22   01   2022</b>   |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>15C</b> THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2.  |  | <b>14</b> EXPECTED DATE OF RECALL<br>D M Y<br><input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> <th>P.P.</th> <th>INSURABLE EARNINGS</th> </tr> </thead> <tbody> <tr><td>1</td><td>[REDACTED]</td><td>2</td><td>[REDACTED]</td><td>3</td><td>[REDACTED]</td></tr> <tr><td>4</td><td>[REDACTED]</td><td>5</td><td>[REDACTED]</td><td>6</td><td>[REDACTED]</td></tr> <tr><td>7</td><td>[REDACTED]</td><td>8</td><td>[REDACTED]</td><td>9</td><td>[REDACTED]</td></tr> <tr><td>10</td><td>[REDACTED]</td><td>11</td><td>[REDACTED]</td><td>12</td><td>[REDACTED]</td></tr> <tr><td>13</td><td>[REDACTED]</td><td>14</td><td>[REDACTED]</td><td>15</td><td>[REDACTED]</td></tr> <tr><td>16</td><td>[REDACTED]</td><td>17</td><td>[REDACTED]</td><td>18</td><td>[REDACTED]</td></tr> <tr><td>19</td><td>[REDACTED]</td><td>20</td><td>[REDACTED]</td><td>21</td><td>[REDACTED]</td></tr> <tr><td>22</td><td>[REDACTED]</td><td>23</td><td>[REDACTED]</td><td>24</td><td>[REDACTED]</td></tr> <tr><td>25</td><td>[REDACTED]</td><td>26</td><td>[REDACTED]</td><td>27</td><td>[REDACTED]</td></tr> <tr><td>28</td><td>[REDACTED]</td><td>29</td><td>[REDACTED]</td><td>30</td><td>[REDACTED]</td></tr> <tr><td>31</td><td>[REDACTED]</td><td>32</td><td>[REDACTED]</td><td>33</td><td>[REDACTED]</td></tr> <tr><td>34</td><td>[REDACTED]</td><td>35</td><td>[REDACTED]</td><td>36</td><td>[REDACTED]</td></tr> <tr><td>37</td><td>[REDACTED]</td><td>38</td><td>[REDACTED]</td><td>39</td><td>[REDACTED]</td></tr> <tr><td>40</td><td>[REDACTED]</td><td>41</td><td>[REDACTED]</td><td>42</td><td>[REDACTED]</td></tr> <tr><td>43</td><td>[REDACTED]</td><td>44</td><td>[REDACTED]</td><td>45</td><td>[REDACTED]</td></tr> <tr><td>46</td><td>[REDACTED]</td><td>47</td><td>[REDACTED]</td><td>48</td><td>[REDACTED]</td></tr> <tr><td>49</td><td>[REDACTED]</td><td>50</td><td>[REDACTED]</td><td>51</td><td>[REDACTED]</td></tr> <tr><td>52</td><td>[REDACTED]</td><td>53</td><td>[REDACTED]</td><td></td><td></td></tr> </tbody> </table> |  | P.P.   | INSURABLE EARNINGS | P.P.                     | INSURABLE EARNINGS       | P.P.    | INSURABLE EARNINGS | 1  | [REDACTED]        | 2     | [REDACTED] | 3                   | [REDACTED]        | 4   | [REDACTED] | 5  | [REDACTED] | 6                        | [REDACTED]               | 7              | [REDACTED] | 8 | [REDACTED] | 9                        | [REDACTED]               | 10         | [REDACTED] | 11 | [REDACTED] | 12                       | [REDACTED]               | 13            | [REDACTED] | 14 | [REDACTED] | 15                       | [REDACTED]               | 16  | [REDACTED] | 17 | [REDACTED] | 18 | [REDACTED] | 19 | [REDACTED] | 20 | [REDACTED] | 21 | [REDACTED] | 22 | [REDACTED] | 23 | [REDACTED] | 24 | [REDACTED] | 25 | [REDACTED] | 26 | [REDACTED] | 27 | [REDACTED] | 28 | [REDACTED] | 29 | [REDACTED] | 30 | [REDACTED] | 31 | [REDACTED] | 32 | [REDACTED] | 33 | [REDACTED] | 34 | [REDACTED] | 35 | [REDACTED] | 36 | [REDACTED] | 37 | [REDACTED] | 38 | [REDACTED] | 39 | [REDACTED] | 40 | [REDACTED] | 41 | [REDACTED] | 42 | [REDACTED] | 43 | [REDACTED] | 44 | [REDACTED] | 45 | [REDACTED] | 46 | [REDACTED] | 47 | [REDACTED] | 48 | [REDACTED] | 49 | [REDACTED] | 50 | [REDACTED] | 51 | [REDACTED] | 52 | [REDACTED] | 53 | [REDACTED] |  |  | <b>16</b> REASON FOR ISSUING THIS ROE<br><b>Leave of absence</b> <span style="float:right"><b>N</b></span> |
| P.P.   | INSURABLE EARNINGS                             | P.P.   | INSURABLE EARNINGS | P.P.                     | INSURABLE EARNINGS       |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 1  | [REDACTED]                                     | 2  | [REDACTED]         | 3                        | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 4  | [REDACTED]                                     | 5  | [REDACTED]         | 6                        | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 7  | [REDACTED]                                     | 8  | [REDACTED]         | 9                        | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 10   | [REDACTED]                                     | 11   | [REDACTED]         | 12                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 13   | [REDACTED]                                     | 14   | [REDACTED]         | 15                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 16   | [REDACTED]                                     | 17   | [REDACTED]         | 18                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 19   | [REDACTED]                                     | 20   | [REDACTED]         | 21                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 22   | [REDACTED]                                     | 23   | [REDACTED]         | 24                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 25   | [REDACTED]                                     | 26   | [REDACTED]         | 27                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 28   | [REDACTED]                                     | 29   | [REDACTED]         | 30                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 31   | [REDACTED]                                     | 32   | [REDACTED]         | 33                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 34   | [REDACTED]                                     | 35   | [REDACTED]         | 36                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 37   | [REDACTED]                                     | 38   | [REDACTED]         | 39                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 40   | [REDACTED]                                     | 41   | [REDACTED]         | 42                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 43   | [REDACTED]                                     | 44   | [REDACTED]         | 45                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 46   | [REDACTED]                                     | 47   | [REDACTED]         | 48                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 49   | [REDACTED]                                     | 50   | [REDACTED]         | 51                       | [REDACTED]               |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| 52   | [REDACTED]                                     | 53   | [REDACTED]         |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>17</b> ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE.   |  | <b>FOR FURTHER INFORMATION, CONTACT</b><br><b>NSLC Payroll</b><br>TELEPHONE NO. <b>(902) 450-7565</b>                            |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>A - VACATION PAY</b></td> </tr> <tr> <td>START DATE (D/M/Y):</td> <td>END DATE (D/M/Y):</td> </tr> <tr> <td colspan="2" style="text-align:right">\$</td> </tr> </table>  |  | <b>A - VACATION PAY</b>  |                    | START DATE (D/M/Y):      | END DATE (D/M/Y):        | \$      |                    | <b>17</b> ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE. |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>A - VACATION PAY</b>  |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| START DATE (D/M/Y):  | END DATE (D/M/Y):                              |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>B - STATUTORY HOLIDAY PAY FOR</b></td> </tr> <tr> <td>D M Y</td> <td>D M Y</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> </table>  |  | <b>B - STATUTORY HOLIDAY PAY FOR</b>   |                    | D M Y                    | D M Y                    | \$      | \$                 | \$   | \$                | \$    | \$         | \$                  | \$                | \$  | \$         | <b>17</b> ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE. |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>B - STATUTORY HOLIDAY PAY FOR</b>   |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| D M Y  | D M Y  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   | \$   |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   | \$   |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   | \$   |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   | \$   |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   | \$   |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C - OTHER MONIES (SPECIFY)</b></td> </tr> <tr> <td>START DATE (D/M/Y):</td> <td>END DATE (D/M/Y):</td> </tr> <tr> <td colspan="2" style="text-align:right">\$</td> </tr> <tr> <td>START DATE (D/M/Y):</td> <td>END DATE (D/M/Y):</td> </tr> <tr> <td colspan="2" style="text-align:right">\$</td> </tr> <tr> <td>START DATE (D/M/Y):</td> <td>END DATE (D/M/Y):</td> </tr> <tr> <td colspan="2" style="text-align:right">\$</td> </tr> </table>  |  | <b>C - OTHER MONIES (SPECIFY)</b>  |                    | START DATE (D/M/Y):      | END DATE (D/M/Y):        | \$      |                    | START DATE (D/M/Y):  | END DATE (D/M/Y): | \$    |            | START DATE (D/M/Y): | END DATE (D/M/Y): | \$  |            | <b>19</b> PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT                                  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>C - OTHER MONIES (SPECIFY)</b>  |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| START DATE (D/M/Y):  | END DATE (D/M/Y):                              |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| START DATE (D/M/Y):  | END DATE (D/M/Y):                              |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| START DATE (D/M/Y):  | END DATE (D/M/Y):                              |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| \$   |  |  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>START DATE</th> <th>END DATE</th> <th>AMOUNT</th> <th>PER DAY</th> <th>PER WEEK</th> </tr> <tr> <th></th> <th>D M Y</th> <th>D M Y</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>PSL</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WLI - Not ins.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WLI - ins.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MAT/PAR/CO/FC</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>  |  |  | START DATE         | END DATE                 | AMOUNT                   | PER DAY | PER WEEK           |  | D M Y             | D M Y |            |                     |                   | PSL |            |  | \$         | <input type="checkbox"/> | <input type="checkbox"/> | WLI - Not ins. |            |   | \$         | <input type="checkbox"/> | <input type="checkbox"/> | WLI - ins. |            |    | \$         | <input type="checkbox"/> | <input type="checkbox"/> | MAT/PAR/CO/FC |            |    | \$         | <input type="checkbox"/> | <input type="checkbox"/> | <b>20</b> COMMUNICATION PREFERRED IN<br><input checked="" type="checkbox"/> English <input type="checkbox"/> French |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
|  | START DATE                                     | END DATE   | AMOUNT             | PER DAY                  | PER WEEK                 |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
|  | D M Y  | D M Y  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| PSL  |  |  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| WLI - Not ins.   |  |  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| WLI - ins.   |  |  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| MAT/PAR/CO/FC  |  |  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>18</b> COMMENTS   |  | <b>21</b> TELEPHONE NO.<br>[REDACTED]  |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| <b>22</b> I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE  |  | <b>22</b> I AM AWARE THAT IT IS AN OFFENSE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE    |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |
| Name of Issuer<br>Donna Groom  |  | D M Y<br><b>01   02   2022</b>   |                    |                          |                          |         |                    |  |                   |       |            |                     |                   |     |            |  |            |                          |                          |                |            |   |            |                          |                          |            |            |    |            |                          |                          |               |            |    |            |                          |                          |   |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |    |            |  |  |  |