



Queen's
UNIVERSITY

Payroll Services

Request for Record of Employment

LAST NAME: _____ FIRST NAME: _____

EMPLOYEE NUMBER: _____ SIN: _____

HOME ADDRESS: _____

***If ROE has previously been issued, what was the first day back to work.**

FIRST DAY OF WORK: _____ LAST DAY OF WORK: _____

POSITION/TYPE OF WORK: _____

REASON FOR TERMINATION: _____

PHONE NUMBER: _____
