

To complete the form: Save or download the PDF onto your device, complete the form and then submit.



Hamilton
Human Resources

Record of Employment Request Form

HRTA-02

Part A: Completed by the Department on the employee's behalf

Employee Name: **Employee ID#:** **Rec. #:**

Department: **Dept ID:**

Company: COH **Wage Loss Plan:** **Job Code:** **Pay Group:**

Reason for ROE:

No Hours **Reduced Hours** **Illness** **Requested by EI**

Other
(Please Explain):

Action: **Reason:**

Last Day Worked: **Expected Return Date:**

ROE will automatically be e-filed with Service Canada

Department Authorization: **Date:**

Human Resources Authorization: **Date:**

Payroll Comment:

Send completed form to Human Resources

Please note that HR will not process this form if it's not submitted by the Supervisor or Manager.

Part B: Completed by the Department upon the employee's return

First Day Returned: **Date:**

Department Authorization: **Date:**

Human Resources: **Date:**

Send completed form to Human Resources

Please note that HR will not process this form if it's not submitted by the Supervisor or Manager.