Service Canada

Records of Employment (ROE) Web Client Employer Consent Form

(This form is to be used to authorize a Payroll Service Provider to complete and submit ROEs with ROE Web on behalf of a Client Employer)

1. **The Client Employer hereby authorizes the Payroll Service Provider to create, submit, print, view, extract and amend (hereinafter "manage") electronic Records of Employment on its behalf using ROE Web, a secure Internet-based application,developed for the purpose of completing and submitting ROEs to the Canada Employment Insurance Commission (hereinafter the "Commission") as required under section 19 of the *Employment Insurance Regulations*. Both the Client Employer and the Payroll Service Provider are identified under section 10 of this form.**

2. **The Payroll Service Provider hereby acknowledges having accepted the ROE Web Agreement for the purpose of using ROE Web, or that it will do so prior to managing ROEs on behalf of the Client Employer. The Payroll Service Provider further warrants that ROEs will be managed in accordance with that agreement.**

3. **In order for the Client Employer to meet its obligations under the *Employment Insurance Act and Regulations,* the Payroll Service Provider, acting on behalf of the Client Employer, will do the following:**

   a. **upon request, provide the Client Employer with a copy of the ROE Web Agreement, including any subsequent amendment made to it from time to time;**

   b. **retain the original of this signed consent form for your records. Service Canada may ask for a copy of this form at any time during the retention period;**

   c. **confirm accuracy of the ROE data with the Client Employer before submitting or amending ROEs;**

   d. **provide the Client Employer with a copy of the ROEs submitted to the Commission or with an access to the ROEs through the Payroll Service Provider's ROE Web account.**

4. **In order to meet its obligations under the *Employment Insurance Act and Regulations*, the Client Employer:**

   a. **must retain a copy of this signed consent form, as submitted to the Commission by the Payroll Service Provider;**

   b. **in respect of its employees' interruption of earnings, must provide the Payroll Service Provider with the ROE data required to complete and submit ROEs to the Commission and retain a copy (e.g. in an electronically readable format) for its own records in accordance with and in fulfillment of its obligations under subsection 19(3.1) of the *Employment Insurance Regulations* and subsections 87(3) and 87(3.1) of the *Employment Insurance Act*;**

   c. **takes full responsibility for the integrity and accuracy of the ROE data provided to the Payroll Service Provider for the purpose of completing and submitting ROEs;**

   d. **shall report any discrepancies or inaccuracies in the ROE data immediately to the Payroll Service Provider for appropriate action;**

   e. **must obtain a copy of the ROEs submitted to the Commission by the Payroll Service Provider or be given access to the ROEs through the Payroll Service Provider's ROE Web account.**

5. **The Client Employer takes full responsibility for the data contained in ROEs issued by the Payroll Service Provider provided that the Payroll Service Provider utilized the data obtained from the Client Employer.**

6. **Both the Client Employer and the Payroll Service Provider shall retain the payroll information in support of the ROEs submitted to the Commission for a period of six years after the year for which they are kept as per the *Employment Insurance Act*.**

7. **The Client Employer is deemed to have signed and submitted ROEs to the Commission upon the Payroll Service Provider submitting them.**

8. **The Client Employer agrees that its identifying information, including its Business Number(s), be provided by the Payroll Service Provider to the Commission for the purposes of identifying any ROE(s) submitted by the Payroll Service Provider using ROE Web and communicating with the Client Employer.**

9. **This consent form and the ROE Web Agreement between the Payroll Service Provider and the Commission are "records" within the meaning of the *Library and Archives of Canada Act.***

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10. Parties Information

Client Employer Information		
Number of Employees:	**Legal Business Name:**	
Contact Name:		
E-mail Address:		
Telephone No.:	**Fax Number:**	
Main Business Address Line 1 (to appear on ROEs):		
Address Line 2:		
City:	**Country:**	
Province / State:	**Postal Code:**	**Zip Code:**

Client Employer Canada Revenue Agency (CRA) Business Number(s)					
No. of Employees	**CRA BN**	**RP**	**No. of Employees**	**CRA BN**	**RP**

Payroll Service Provider Information	
Legal Business Name:	
CRA BN:	
Contact Name:	
Telephone No.:	**Fax Number:**

Signature Information	
For Client Employer	**For Payroll Service Provider**
Name (please print)	**Name (please print)**
Signature	**Signature**
Title	**Title**
Date (YYYY-MM-DD)	**Date** (YYYY-MM-DD)