

ROYAL COMMISSION ON THE DONALD MARSHALL, JR., PROSECUTION

MARITIME CENTRE, SUITE 1026, 1505 BARRINGTON STREET, HALIFAX
NOVA SCOTIA, B3J 3K5 902-424-4800

CHIEF JUSTICE T. ALEXANDER HICKMAN
CHAIRMAN

ASSOCIATE CHIEF JUSTICE LAWRENCE A. POITRAS
COMMISSIONER

June 3, 1988

THE HONOURABLE
MR. JUSTICE GREGORY THOMAS EVANS
COMMISSIONER

Mr. James Chown
10 Craig Court
Bible Hill
Nova Scotia B2N 5L4

Dear Mr. Chown,

Thank you for your letter of May 24, 1988. I would suggest that the best way of dealing with your recent firing from Mariner Computer Forms Limited would be through a lawyer. This is not the type of issue that the Royal Commission on the Donald Marshall, Jr., Prosecution can deal with as it does not fall within our Terms of Reference.

Thank you for your interest in the Inquiry.

Yours truly,



Susan M. Ashley
Commission Executive
Secretary

SMA/jm

10 Craig Court
Bible Hill
Truss N.S.
B2N544

①

MAY 31 1988

May 24, 1988

S. Ashley:

I am writing to you concerning what I feel is unjust dismissal from my employment. My employment with Mariner Computer Forms Ltd. started on the 14th. of Dec. 1987. On May the 18th. + 19th. I was off sick from my work with the flu. I called my employer on the 18th. and told him that I would not be reporting for work as I was sick with the flu. I went to my Doctor on the 18th. of May/88 and my Doctor gave me a letter for my employer stating that I was sick on the 18th. + 19th. of May/88. When I took the Doctor's letter to my employer on the 20th. of May/88, I was told that I was being fired. I had missed three days work prior to this due to sickness. I reported to my employer well in advance to the shift start, each time that I was sick. I am a good employee and I do need the job. I don't think that missing five days from my work over a period of six months is just cause to be dismissed. I do not miss time unless it is really necessary to do so. But when one is sick - one cannot work. I am inclosing a copy of my Doctor's letter and a copy of my report of employment and I would be very grateful if you or one of your co-workers could contact my employer and possible have me reinstated on my job.

Thank You,
James Crown

Employer.

MARINER COMPUTER FORMS LTD.,
P.O. Box 1880,
TRURO N.S., B2N 5L4
PHONE 893-7756

Employee -

JAMES B. CHOWN,
10 CRAIG COURT,
BIBLE HILL,
TRURO, N.S. B2N 5L4
PHONE 895-8868
OR
895-6807

BIBLE HILL MEDICAL CLINIC

A. C. H. CROWE, M.D., C.M.
(FAMILY PRACTICE)

D. G. DEWAR, M.Sc., M.D.
(FAMILY PRACTICE)

332 PICTOU ROAD
TRURO, NOVA SCOTIA
B2N 2T7

TELEPHONE 895-6364

May 19, 1988

To Whom It May Concern:

Re: James Chown

This is to certify that Mr. Chown was unable to work May 18 and 19th, 1988, due to medical reasons.

Yours truly,



D. G. Dewar, M.Sc., M.D.

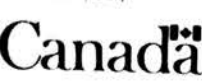
DGD:sfr

RECORD OF EMPLOYMENT RELEVÉ D'EMPLOI

THIS FORM MAY ONLY BE USED BY THE EMPLOYER TO WHOM IT WAS SUPPLIED
CE FORMULAIRE DOIT ÊTRE UTILISÉ UNIQUEMENT PAR L'EMPLOYEUR AUQUEL IL EST DESTINÉ

When completing this form by hand please use a ball point pen and press firmly.
Si vous remplissez le formulaire à la main, veuillez utiliser un stylo à bille, et bien appuyer.

1 Serial no. — N° de série R70204960		2 Serial no. of record amended or replaced N° de série du relevé modifié ou remplacé Guide, para. 21		17 For employer's use Réservé à l'employeur	
3 Employer's name and address — Nom et adresse de l'employeur MARINER COMPUTER FORMS LTD. P.O. BOX 1880 TRURO N.S.				4 Postal code — Code postal B2N 6C7	
5 Revenue Canada, Taxation employer account number Numéro de compte de l'employeur à Revenu Canada, Impôt		6 Employer's name and address — Nom et adresse de l'employé CHOWN, JAMES B. 10 CRAIG COURT BIBLE HILL N.S. B2N 5L4			
7 Employee's occupation — Profession de l'employé Press Assistant		8 Employer's Social Insurance Number Numéro d'assurance sociale de l'employé 121652903			
9 First day worked Premier jour de travail Guide, para. 28		10 Last day worked Dernier jour de travail Guide, para. 29		19 Pay period type (weekly, bi-weekly, etc.) Guide, para. 42	
D/J M Y/A 14 12 87		D/J M Y/A 17 05 88		BI-WEEKLY	
11 U.I. premiums payable up to Cotisations d'assurance-chômage payables jusqu'à Guide, para. 30		12 Number of insurable weeks for which U.I. premiums were payable in the last 52 weeks or since the last record of employment was issued by you to this employee. Nombre de semaines assurables à l'égard desquelles des cotisations d'a. c. étaient payables depuis les 52 dernières semaines ou depuis le dernier relevé d'emploi délivré par vous à cet employé, le nombre le moins élevé étant retenu. Guide, para. 31		20 Insurable earnings by pay period (P.P.) (Starting with the final pay period, enter the insurable earnings for the insurable weeks shown in item 12, up to a maximum of 20 insurable weeks.) Rémunération assurée par période de paye (P.P.) (En commençant par la dernière période de paye, inscrire le montant de la rémunération assurée des semaines d'emploi assurables indiquées à la case 12, jusqu'à un maximum de 20 semaines.) Guide, para. 43	
D/J M Y/A 17 05 88		D/J M Y/A 17 05 88		P.P. Insurable Earnings Rémunération assurée	
21 (A) Total of all entries (rounded to nearest dollar) Montant total (arrondi au dollar près)		21 (B) Please print this amount in words — Veuillez inscrire ce montant en lettres moulées		Pay Period Exception de période de paye	
\$ 0488.88		ZERO-FOUR-EIGHT-EIGHT-EIGHT		P.P. Insurable Earnings Rémunération assurée	
13 Paid sick/maternity leave or group wage loss indemnity payments payable after date shown in item 10 — if known, enter amount in "Comments" block below. Cotisations de maladie/maternité payées ou indemnités payables en vertu d'un régime collectif d'assurance salaire après la date indiquée dans la case 10 — si vous en connaissez le montant, inscrire celui-ci dans la case "Observations" ci-dessous. Guide, para. 32		14 Reason for issuing this record — Raison du présent relevé		22 I am aware that it is an offence to make false entries and thereby certify that all statements on this form are true. Je reconnais que toute fausse déclaration constitue une infraction et j'atteste, par les présentes, que toutes les déclarations faites sur ce formulaire sont véridiques. Guide, para. 16	
From D/J M Y/A For Du DJ M Y/A Pour		Code Reason — Raison Code Reason — Raison		Area — Région Number — Numéro Ext — Poste	
		A Shortage of work Manque de travail F Pregnancy Grossesse		902 8934670	
		B Strike or lockout Grève ou lock-out G Retired (other than age 65) Retraite (raison autre que 65 ans)			
		C Return to school Retour aux études H Work sharing Travail partagé			
		D Illness or injury Maladie ou blessure J Apprentice training Formation par apprentissage			
		E Quit Départ volontaire K Other (explain below) Autre (préciser ci-dessous) Guide, para. 33			
Comments — Observations DISMISSED		Enter Code Inscrire le code K			
15 Expected date of recall Date prévue de rappel		16 RCT number used to obtain this form if different from item 5 Numéro de compte à RC utilisé pour obtenir ce formulaire, s'il diffère de la case 5 Guide, para. 36		23 Date of issue — Date de délivrance	
D/J M Y/A X		Not returning Retour non prévu		D/J M Y/A 23 05 88	
18 Additional monies paid or payable on or after termination of employment Autres sommes payées ou payables au moment de la cessation d'emploi ou après		19 (A) Vacation pay — Indemnité de vacances Guide, para. 39		24 EMPLOYEE'S COPY COPIE DE L'EMPLOYÉ	
NOT INCLUDED		IN BOX 20 \$ 226.72		PART PARTIE 1	
(B) See statutory holidays after termination — enter date of holiday and amount Pour fêtes légales après la cessation d'emploi — inscrire la date de la fête et le montant.		(C) Other monies (explain) — Autres sommes (préciser) Guide, para. 41			
19 Final pay period ending date Date de la fin de la dernière période de paye		20 Insurable earnings by pay period (P.P.) (Starting with the final pay period, enter the insurable earnings for the insurable weeks shown in item 12, up to a maximum of 20 insurable weeks.) Rémunération assurée par période de paye (P.P.) (En commençant par la dernière période de paye, inscrire le montant de la rémunération assurée des semaines d'emploi assurables indiquées à la case 12, jusqu'à un maximum de 20 semaines.) Guide, para. 43			
D/J M Y/A 27 05 88		P.P. Insurable Earnings Rémunération assurée			
		1 (16 hrs) 104.00			
		2 520.00			
		3 ↑			
		4 ↑			
		5 ↑			
		6 ↓			
		7 520.00			
		8 364.00			
		9 520.00			
		10 520.00			



NOTE TO EMPLOYEE
If you intend to file a claim for U.I. benefits, you should do so immediately. See the reverse of part 2.

À L'INTENTION DE L'EMPLOYÉ
Si vous comptez présenter une demande de prestations, veuillez le faire immédiatement. Voir au verso de la partie 2.

EMPLOYEE'S COPY
COPIE DE L'EMPLOYÉ
PART
PARTIE **1**