

# Human Resources

## Salary Paid Employees Letter Request Form

Employee Number: A	SIN:
Last Name:	First Name:

**Please indicate below information required in the letter?:**

<input type="checkbox"/> Home Department:
<input type="checkbox"/> Job Title:
<input type="checkbox"/> Start Date:
<input type="checkbox"/> Salary:
<input type="checkbox"/> To the Attention of (please provide name):
<input type="checkbox"/> Other ( please provide details):

**Delivery information:**

<input type="checkbox"/> Hold for pick-up (will call when ready): Please provide day time phone number  <div style="text-align: center;">_____</div> <div style="text-align: center;">ID and authorization letter required if not being picked up by the employee.</div>
<input type="checkbox"/> Mail to (provide full address):  <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div>
<input type="checkbox"/> Fax to    Attn: _____    Fax No: _____

**All requests will take 5 business days to process.**

Signature: .....

Date Requested: .....