



## Human Resources REQUEST FOR AN EMPLOYMENT VERIFICATION LETTER

***In accordance with the Freedom of Information and Protection of Privacy Act (FOI/PPA) and PIPA (Personal Information Protection Act), the University of Lethbridge must have written consent from any employee before any information on your employment or earnings may be released to a Third Party. In compliance with this regulation you must complete and sign a request form anytime you require the release of your information.***

EMPLOYEE NAME: \_\_\_\_\_  
(First, Middle, Last)

EMPLOYEE ID: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_  
(Please allow 5 work days from date of request)

DEPARTMENT/FACULTY: \_\_\_\_\_

I am requesting an employment verification letter for the purpose of:

- ☐ Financial Institution Requirement
- ☐ Applying for Permanent Resident Card or Visa

The letter must contain the following information: (check all that apply)

- ☐ Position Title: \_\_\_\_\_
- ☐ Commencement Date ☐ End Date
- ☐ Current Salary (Gross Per Month)
- ☐ Additional information to be released \_\_\_\_\_
- ☐ MAIL Verification Letter to: \_\_\_\_\_
- ☐ FAX Verification Letter to: \_\_\_\_\_
- ☐ E-MAIL me to pick up verification letter at: \_\_\_\_\_
- ☐ PHONE me to pick up verification letter at: \_\_\_\_\_

*Please submit a separate request for each Third Party Request.*

I authorize The University of Lethbridge to prepare an Employment Verification Letter for me which will include the information I have indicated above.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_