Niagara Region

Employment Letter

Niagara Region
Community Services
Children's Services
1815 Sir Isaac Brock Way
P.O. Box 344
Thorold, ON, L2V 3Z3

905-980-6000 ext. 3897
Toll free: 1-800-263-7215
Fax: 905-984-4463
niagararegion.ca/childcare

Provide confirmation of your employee's work schedule including the days, hours and shifts, as applicable. Complete this form with an attached business card, or provide an employment letter including this information on company letterhead.

Section A – to be completed by Applicant:

First name: Last name:

Place of employment:

Employee contact number:

Section B – to be completed by Employer:

First name: Last name:

Position: Employee start date (mm/dd/yyyy):

Days employed (Please check all that apply):

- ○ Monday
- ○ Tuesday
- ○ Wednesday
- ○ Thursday
- ○ Friday
- ○ Saturday
- ○ Sunday

Please specify hourly shifts:

Start time: End time:

Will days at employment vary?

- ○ Yes
- ○ No

Is shift work required?

- ○ Yes
- ○ No

If yes, please specify hourly shifts:

Are on-call shifts required?

○ Yes

○ No

If yes, please specify hourly shifts: _____

Comments:

Employer signature: _____ Date (mm/dd/yyyy): _____