



Human Resources

REQUEST FOR AN EMPLOYMENT VERIFICATION LETTER

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta *Freedom of Information and Protection of Privacy Act* ("Act") and will be protected under Part 2 of the Act. It will be used for the purpose of contacting yourself, processing and providing the requested employment verification letter to yourself or your designated recipient. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.

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: _____
- ☐ CONTACT me to pick up verification letter at: _____
- ☐ CONSENT to email signed copy of letter to: _____

Please submit a separate request for each Third Party Request.

I consent to the collection of personal information contained hereon and authorize the University of Lethbridge to prepare and disseminate to the named parties above an Employment Verification Letter for me which will include the information I have indicated above.

Employee Signature: _____ **Date:** _____