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| This form is used by an employee to request a letter that verifies their employment with the University.For assistance with this form, please contact your [Employment and Pay Advisor](http://www.hrs.ualberta.ca/contacts/advisors) or call (780) 492-4555. | Please submit completed form by mail, fax or email to:Payroll and Benefit Services, Human Resource Services2-60 University Terrace, University of AlbertaEdmonton, AB T6G 2T4Fax: (780) 492-3800Email: payroll.operations@ualberta.ca |
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| In accordance with the Freedom of Information and Protection of Privacy Act (FOIPP) the University of Alberta must have written consent from any employee, regardless of their current employment status, before any information on your employment or earnings may be released to a Third Party. In compliance with this legislation you must complete and sign a request form anytime you require the release of your information. **Please be specific about the type of information concerning yourself that you are authorizing the University to release.** |
|  |  |  |
| **A. Employee Information** |
| Person ID # |  | Last Name |  | First Name |  | Middle Initial  |  |
| Former Last Name |       | Date Required (yyyy/mm/dd) |       |
|  (if applicable)Are you currently employed at the University? | [ ]  | Yes | [ ]  | No |   (please allow a minimum of 5 working days from date of request) |
| If yes, Current Department |       |
| If no, Dates of Employment |       | Last Termination Date (yyyy/mm/dd) |       |
|  |
| **B. Verification Letter Information** |
| Letter will contain the following information:* Position Title
* Start and End Date
 | * Full-Time/Part-Time Status

 * Current Base Salary (gross per month)
 |
| **C. Preferred Delivery Method** – Please check one |
|  |
| [ ]  | Pick up (Please check one) | [ ]  | Notify by Phone | Phone (Business) |       | Phone (Home) |       |
|  | [ ]  | Notify by Email | Email |       |
|  |
| [ ]  | Mail |  |
|  | Name of Recipient (if Third Party) |       | Address |       |
|  | City |       | Province |       | Postal Code |       |
|  |
| [ ]  | Fax |  |
|  | Name of Recipient (if Third Party) |       | Fax |       |
|  |
| [ ]  | Email |
|  | Name of Recipient (if Third Party) |       | Email |       |
|  |
| **D. Employee Authorization** - Please note that a separate request must be completed for **each** Third Party Request. |
|  |
| Request to release to third party: I hereby authorize the University of Alberta to prepare an Employment Verification Letter for me which will include the information indicated above.  |
| Signature |  | Date (yyyy/mm/dd) |       |
| The original request from the applicant and the department’s response must be retained for one year. |