



Letter of Attestation Request Form

Department of Human Resources

Personal Information: *PLEASE PRINT*

Last Name: _____	First Name: _____
Employee Id#: _____	Phone #: (____) _____ - _____

Letters will be, by default, sent electronically. Please specify to which email address we should send this document.

Email: _____@_____

If you need a printed version, please specify why and indicate how you would like to receive your letter.

Reason: _____

Tick off the box with your preference: Choose only one (1)	
Self-pick-up: <input type="checkbox"/>	External Mail (Standard) : <input type="checkbox"/>
Internal mail: <input type="checkbox"/>	Address: _____
Office Address: _____	_____
_____	_____

Number of copies: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/>
Language of Letter: English: <input type="checkbox"/> French: <input type="checkbox"/>

This letter will include all of the following information:

- Type of contract(s) / Position(s)
- Start and end date of the contract(s) **if applicable*
- Date of hire
- Number of hours worked
- Salary

Please Note:

1. Your request will be processed within 5 working days.
2. Human Resources can only attest to past and current contracts on file.
3. All unclaimed letters will be destroyed after 30 days.

Additional Information: _____

Signature: _____ Date: ____/____/____ (DD/MM/YY)

For HR use only	Payroll group: _____	Logged <input type="checkbox"/>
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