



**HUMAN RESOURCES  
SALARY PAID EMPLOYEES LETTER REQUEST**

<b>Employee Number</b> A	<b>SIN</b>	<b>Date of Birth (ddmmyy)</b> / /
<b>Last Name</b>		<b>First Name</b>

**INFORMATION REQUIRED IN LETTER (Check all that apply)**

<b>To the attention of (Please provide)</b>
<b>Job Title</b>
<b>Start Date</b>
<b>Salary</b>
<b>Home Department</b>
<b>National Occupation Classification</b>
<b>Other (Please provide)</b>

**DELIVERY METHOD**

**Standard Delivery Method: PDF letter will be sent to email address provided unless otherwise stated below:**

<b>Email Address:</b>
<b>Other Deliver Method:</b>

**All requests will take 5 business days to process**

**Signature:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_