

Request for Release of Employee Information

Last name: _____ First name: _____ Middle initial: _____

Maiden and/or previous name(s), if applicable: _____

Employee ID(s): _____

Department: _____ E-mail address: _____

Business phone #: (_____) _____ Home phone #: (_____) _____

Please select all options that you require and complete the required sections below:

I require...

- Written Confirmation of my employment** including my date of hire, current position, and current salary
(You must complete sections A and G)
- Student Loan letter** for Pre-Study Period or Debt Reduction
(You must complete sections A, B, and G)
- Number of Hours** I've worked in a specific period
(You must complete sections A, C, and GH)
- Access to my Employment File** which contains my employee records
(You must complete sections D and G)
- Office of Immigration/Visa Renewal/Work Permit/Nova Scotia Nominee Program letter**
(You must complete sections A, E, and G)

All other requests not listed above
(You must complete sections A, F, and G)

For office use only:

- HR
- Payroll
- OM
- HR
- HR
- _____

Section A: Complete for all requests except Access to Employee Record (See Section D)

- Please send my letter to the email listed below:

E-mail address:

Section B: Complete to request Student Loan Letter

Please note, the Nova Scotia Student Assistance Office requires you to include your Social Insurance Number (SIN) at the top of each page you are submitting. The Nova Scotia Student Assistance Office requires verification of your total gross earnings for the Pre-Study Period. The Pre-Study Period is the 18 weeks prior to the beginning of your return to school.

My 18 weeks commence from: _____ to: _____

Section C: Complete to request Number of Hours Worked

Please note in exceptional circumstances a search fee **may** be charged for Number of Hours Worked requests. Fees must be paid in full before the Record of Hours will be released. Make Cheque or Money Order payable to Nova Scotia Health Authority.

Please indicate the specific dates required: From _____ To _____
 From _____ To _____
 From _____ To _____
 From _____ To _____
 From _____ To _____

I previously requested a Record of Hours (indicate date):

Section D: Complete to request Access to Employee Record

- I wish to examine original document(s) and I am requesting an appointment
- I am requesting a copy of the original document(s)
- The documentation I am requesting is as follows (please be specific):

Section E: Complete to request a letter re: Immigration/Visa Renewal/Work Permit/NS Nominee Program

Please select all options that are required:

<input type="checkbox"/> Hire Date	<input type="checkbox"/> Position and Status	<input type="checkbox"/> Total Hours Worked
<input type="checkbox"/> Salary	<input type="checkbox"/> Benefits	<input type="checkbox"/> Duties and Responsibilities
<input type="checkbox"/> Job Description/Job Fact Sheet	<input type="checkbox"/> (Other) _____	<input type="checkbox"/> (Other) _____

Section F (optional): Complete for all requests not previously listed

Please specify any other details required:

Section G: Complete for all requests

By signing this form, I hereby authorize the release of information regarding my employment with Nova Scotia Health Authority to the persons and/or organization listed in Section A and/or B of this form.

Employee Signature

Date

Please return this form to:

Western Zone

Director, People Services/Human Resources
Chipman Building, 5 Chipman Drive,
Kentville, NS B4N 3V7
Fax: 902-678-2019 (Kentville)
Fax: 902-742-1475 (Yarmouth)
Fax: 902-543-4719 (Bridgewater)

Northern Zone

Director, People Services/Human Resources
Colchester East Hants Health Centre,
600 Abenaki Road,
Truro, NS B2N 5A1
Fax: 902-893-7653 (Truro)
Fax: 902-928-0196 (New Glasgow)
Fax: 902-667-3432 (Cumberland)

Central Zone

Director, People Services/Human Resources
1st Floor Bethune Building, 1276 South Park Street,
Halifax NS B3H 2Y9
Fax: 902 473 8499

Eastern Zone

Director, People Services/Human Resources
Cape Breton Regional Hospital, 1482 George Street,
Sydney, NS B1P 1P3
Fax: 902 567 7879