

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

For office use only:

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

For requests other than those listed above you must complete sections A, E, G, and H

Section A, please select one option:

- Please send my letter to the email listed below:

E-mail address: _____

Section B:

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:

Please note, a search fee may be charged for Record of Hours requests. Please review attached fee schedule. 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:

- 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:

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:

There may be costs associated with retrieval of records of hours worked for employment prior to November 2001 and for duplication of files for third parties. Please review attached fee schedule.

- I have included my fee payment of \$ _____
- Fee payment is not required

Section G, optional:

Please specify any other details required:

Section H:

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:

People Services, Room 133, 1st floor Bethune Building, Victoria General Site
1276 South Park Street, Halifax Nova Scotia, B3H 2Y9 or FAX (902) 473-8499

-OR-

Benefits/Finance Department, Room 133, 1st floor Bethune Building, Victoria General Site
1276 South Park Street, Halifax Nova Scotia, B3H 2Y9 or FAX (902) 473-6414

| Estimated Fees for Requests and Searches for Hours Worked | | |
|---|--|-------------------------------------|
| Organization | Time Period of Request | Estimated Fee |
| NSHA worked time | November 12, 2001 to Present | None |
| Former QEII worked time | October 11, 1998 to Present | None |
| Former VG worked time Please note, if your last Government Organization was not the Victoria General Hospital or the Nova Scotia Hospital you will have to contact the Province of Nova Scotia for this information | October 10, 1998 to April 22, 1989 | \$125 |
| | Prior to April 22, 1989 | \$200 |
| Former CHMC worked time | October 10, 1998 to April 1988 | \$125 |
| | Prior to April, 1988 | \$200 |
| Former NSH | June 30, 2001 to December 15, 1990 | \$125 |
| | Prior to December 15, 1990 | \$200 |
| Former Public Health | September 20, 2001 to August 23, 1997 | \$125 |
| | Prior to August, 23, 1997 | Contact the Province of Nova Scotia |
| Former Central Region (Twin Oakes Memorial Hospital, Musquodobit Valley Memorial Hospital, Cobequid Multi-Service Centre) | November 18, 2001 to December 20, 1998 | \$125 |
| | Prior to December 20, 1998 | \$200 |
| Former Dartmouth General | November 15, 2001 to January 19, 1997 | \$125 |
| | Prior to January 19, 1997 | \$200 |
| Former Hants Community Hospital | November 15, 2001 to January 26, 1997 | \$125 |

| Estimated Fees for Other Searches | |
|--|---|
| Type of Search | Estimated Fee |
| Record of Bi-weekly Time Capture | Estimate @ 2 minute per page review (normal review) |
| Duplication of File for Third Party | \$50.00 |