

Request for Verification of Employment

Please submit using the button at the bottom of the form or email as an attachment to benefit-records@stjoes.ca

OR

Fax to: (905) 381-5609

Employee Information:

First & Last Name:

Employee ID:

Reason for Request:

Loan or mortgage purposes

Immigration purposes

Confirmation of clinical experience requested by other employers

Send To:

Home Address:

OR

Fax to:

Attention:

Long Distance: Yes No

OR

Email Address:

Employee Signature: _____

Date Signed: _____

YYYY/MM/DD

- Please submit this form using the "Submit by Email" button below.
- Check the Sent Items folder in your email application to verify this request was sent.
- If you are working outside the SJHH Network, or are having trouble submitting this form, please save a copy of the form on your computer and email this form as an attachment to benefit-records@stjoes.ca.
- If you have any questions, please contact the Benefits Team at Ext. 39374.