



Payroll Services Letter Request Form

Employee/Student Number: A	SIN :	Date of Birth (MM-DD-YY)
Last Name:		First Name:

What information is required in the letter?:

Social Insurance Number: <input type="checkbox"/>
File No: (Please Provide) <input type="checkbox"/>
Job Title: <input type="checkbox"/>
Start Date: <input type="checkbox"/>
End Date: <input type="checkbox"/>
Gross Earnings: <input type="checkbox"/> From (DD-MM-YY) _____ To (DD-MM-YY) _____
Other: (Please Provide) <input type="checkbox"/>

Who requires this letter?:

Financial Institution <input type="checkbox"/>
Student Aid Office <input type="checkbox"/>
Financial Aid Office for Bursary Application <input type="checkbox"/>
Canada Revenue Agency <input type="checkbox"/>
Other: (Please Provide) <input type="checkbox"/>

Delivery information:

Hold for pick-up <input type="checkbox"/> ID or authorization letter required
Mail to (Provide full address): <input type="checkbox"/> _____ _____ _____
Fax to <input type="checkbox"/> Attn: _____ Fax No: _____

All requests will take 5 business days to process.

Signature:.....

Date Requested: