

Employee Release Form External Requests for Employee Information

External requests for employee information will be provided when a completed Employee Release Form has been submitted to the Human Resources Department. Completed Employee Release Forms may be submitted electronically to Human Resources.

As per policy <u>CS-1315-2013</u>, External Requests for Employee Information, Human Resources will only release the following information:

- I. Employment Verification: For employment verification purposes (mortgage approvals, loans, background checks, etc.) Human Resources will verify start date of employment with the College, annual salary, or rate per hour, hours per week and the last 4 contract positions for employees on contract.
- II. **Legal Counsel Inquiries:** Employees who have retained legal counsel and require detailed information regarding their employment must forward a completed copy of the External Request for Copy of Employment File Form request along with their signed Employee Release Form to Human Resources.

Upon request, managers may provide employment references to an external party for both current and past employees subject to the following:

- Verbal References Manager must have employees express consent (permission to provide the reference.
- Written References Employee must provide HR with a copy of this release form.

The Employee Release form is valid for a period of 60 days from when it was signed. After this period the Employee Release Form will be deemed invalid and a new form will need to be completed. Please note that if an external party does not confirm employment prior to the 60 days, a new request form will need to be submitted to the Human Resources Department.



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Submit the completed form to askhr@mohawkcollege.ca

Section1: Employee Information						
Last Name:			Other name (if applicable):			
First Name:			Mohawk ID:			
Work Extension:			Personal Telephone:			
Section 2: External Party						
External Party Name:				Contact Name:		
				Contact Name.		
Type of Request:						
	Employment Verification	Employment Reference		Legal Counsel	A copy of my own file	
Section 3: Acknowledgement and Release						
By signing below, I acknowledge that I have requested Mohawk College provide information to the above listed external party and release Mohawk College of any responsibility regarding confidentiality relating to this information.						
Employee Signature			Date (DD-MM-YYYY)			
Section 4: Acknowledgement and Release of Medical Information						
By signing below, I authorize Mohawk College to release any confidential medical information that may be included in my personnel file to the above listed external party and release Mohawk College of any responsibility regarding confidentiality relating to this information. Employee Signature Date (DD-MM-YYYY)						
Employee Signature			טate (טט-ויוויי-ערע)			

Phone: 905-575-1212 | Fax: 905-575-2378