

Employee Release
External Requests for Employee Information

External requests for employee information will only be filled when a signed Release Form has been received in the Human Resources Office; Fennell Campus F102.

As per policy CS-1315-2013 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 dates of employment, salary and last position held.
- II. Legal Counsel Inquiries
Employees who have retained legal counsel and require detailed information regarding their employment must forward a copy of the request along with their signed release to Human Resources.

Upon request, managers may provide (verbal and written) employment references to an external party for both current and past employees.

The Employee Release form is only valid for a period of 60 days from when it was signed. After this period, it will be deemed invalid and destroyed.

Employee Release Form
 External Requests for Employee Information
 Return completed form to the Human Resources, Room F102

HR Office Use Only
 Signature Verified

SECTION 1 EMPLOYEE INFORMATION

Last Name:		Maiden Name (if applicable):	
Given Name:		Banner ID:	Telephone:
Work Phone:			

SECTION 2 EXTERNAL REQUEST

External Party Name:		Contact Name:	
Type of Request:	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Employment Reference	<input type="checkbox"/> Legal Counsel

SECTION 3 ACKNOWLEDGEMENT AND RELEASE

By signing this form I acknowledge that I have requested for Mohawk College to provide information to the above listed external party and release Mohawk College of any responsibility regarding confidentiality relating to this information.

Signed: _____ *on this date _____

Employee Signature Day Month Year

*This form is only valid for 60 days from the date it is signed.

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.

Signed: _____ *on this date _____

Employee Signature Day Month Year

*This form is only valid for 60 days from the date it is signed.

Human Resources

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