

**Request for Confirmation of Employment Letter
University of New Brunswick**

NAME: **EMPLOYEE NUMBER:**

DEPARTMENT/FACULTY: **PHONE NUMBER:**

PLEASE CHECK ALL INFORMATION BELOW THAT YOU REQUIRE IN YOUR LETTER:

- CURRENT SALARY
- EMPLOYMENT START DATE
- DURATION OF EMPLOYMENT
- POSITION TITLE
- DEPARTMENT/FACULTY
- FULL-TIME/PART-TIME STATUS

OTHER:

IMPORTANT: We are obligated to include an employment end date if one is applicable.

HOW MAY WE CONTACT YOU WHEN YOUR LETTER IS READY? PHONE

E-MAIL

email address:

SIGNATURE: _____

NOTE:

Requests for letters require a minimum of 5 working days to complete. In some cases additional time may be necessary.

Letters are available for pick up in-person, with appropriate ID, from the Human Resources office or by mail.

**PRINT, SIGN AND SUBMIT THIS FORM TO:
Human Resources
University of New Brunswick
Room 102, IUC Complex, Fredericton Campus**