



REQUEST FOR VERIFICATION LETTER

- Requests may take up to 7 business days. Employee Records is closed on weekends and stat holidays.
- **For privacy reasons, responses will be sent to your Island Health email address unless you are a previous employee.**
- Verification requests for future hours and/or positions will not be processed. For future positions, use your offer letter available through VI-Hire.
- Practice/Bedside Hours are required for Nursing Bridging Programs.

<p style="text-align: center;">Student Loan Forgiveness Programs</p> <p style="color: red; text-align: center;"><i>Only for individuals registered in these programs.</i></p> <p><input type="checkbox"/> Federal Student Loan Attestation Form - <i>form MUST be attached.</i></p> <p><input type="checkbox"/> Provincial Student Loan Letter <i>Period of review: D/M/Y _____ to _____</i></p>	<p style="text-align: center;">Proof of Reimbursement for CRA Letter</p> <p style="color: red; text-align: center;"><i>Please attach a copy of your letter from the CRA.</i></p> <p><input type="checkbox"/> Reimbursement Received Type of expense: _____</p> <p><input type="checkbox"/> NO Reimbursement Received Type of expense: _____</p>	<p style="text-align: center;">Hours Letter</p> <p style="color: red; text-align: center;"><i>RN & LPN annual registration hours are available through ESS on the "Annual Reports" tab under the ePay tile.</i></p> <p><input type="checkbox"/> Practice/Bedside Hours <i>(Standard <u>last 5 years</u> provided)</i></p> <p><input type="checkbox"/> Total Hours <i>(Entire employment hours, including Leave and Vacation hours)</i></p>
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Verification of Employment Letter

Current Employee: Please self-generate a standard letter through the My Requests tab of the Employee SelfService (ESS) portal for purposes of mortgages, loans, immigration, relevant experience, etc. To access ESS from a non-Island Health computer visit <https://www.islandhealth.ca/employees>.

On-Leave or Previous Employee: If necessary, please contact HRaccess@islandhealth.ca prior to submission to update your personal email.

Modified Verification of Employment Letter: Please include the required modification (i.e. maternity/parental leave return-to-work date): _____

If applicable, list any additional email addresses to receive the requested information:

Name: _____ Employee #: _____

Signature: _____ Date: _____

Scan/Email to: EmployeeRecords@islandhealth.ca