

PINE CREEK SCHOOL DIVISION

DO-5

PERSONAL INFORMATION RELEASE FORM

**CONFIDENTIAL**

In order to ensure that Employee Personal Information is protected, an employee wishing to verify employment and/or salary with a financial institution will be required to fill in the following and submit to the Division Office prior to any information being released.

To be filled in by employee:

\_\_\_\_\_

*(Employee Name)*

For personal reasons, I request that the following personal information be released to

\_\_\_\_\_ of \_\_\_\_\_,

*(financial institution contact name)* *(financial institution)*

at \_\_\_\_\_.

*(fax #)*

\_\_\_\_\_ *(Employee Signature)* \_\_\_\_\_ *(Date)*

To be filled in by Payroll and/or Secretary-Treasurer:

Position: \_\_\_\_\_

Salary: \_\_\_\_\_ (annual / hourly rate)

Payment Frequency: \_\_\_\_\_

Date of Hire to Division: \_\_\_\_\_

Full Time Equivalency: \_\_\_\_\_ OR Number of Hours Per Day: \_\_\_\_\_

I hereby confirm that above information is accurate.

\_\_\_\_\_ *(Divisional Signature)* \_\_\_\_\_ *(Date)*