

# Children's Service's Employment Letter

Community Services  
1815 Sir Isaac Brock Way, P.O. Box 344  
Thorold, ON L2V 3Z3  
905-980-6000, ext. 3897 | Toll-free: 1-800-263-7215  
Fax: 905-984-4463

Provide confirmation of your employee's work schedule including the days, hours and shifts, as applicable. Complete this form with an attached business card, or provide an employment letter including this information on company letterhead.

Employee first name: \_\_\_\_\_

Employee last name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Employee start date (yyyy/mm/dd): \_\_\_\_\_

**Days employed (Please check all that apply):**

Monday

Thursday

Saturday

Tuesday

Friday

Sunday

Wednesday

**Please specify hourly shifts:**

Start time: \_\_\_\_\_

End time: \_\_\_\_\_

**Will days at employment vary?**

Yes

No

**Is shift work required?**

Yes

No

If yes, please specify hourly shifts: \_\_\_\_\_

**Are on-call shifts required?**

Yes

No

**Comments:**

Employer name (please print): \_\_\_\_\_

Employer signature: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_