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Date CONFIDENTIAL					
To be completed and returned to <a href="mailto:Sivumuaqatigiit@gov.nu.ca">Sivumuaqatigiit@gov.nu.ca</a> (CC to employee if required), with a copy placed in employee personnel file.					
To Whom It May C	oncern:				
Programs, the Sivu	oility for the Amaaqtaarnic muaqatigiit Division of Hu nation of continuous servic pelow:	man Resources (H	R), Department o	f HR, is	
FIRST NAME	LAST NA	AME	PERSON COD	 E	
I agree to keep this information confidential and to use it only to determine program eligibility.					
Years of Continuous Service	<del></del>				
	OR				
	The employee has <b>not</b> completed three (3) years of continuous service.  S/he has completed / years/months.				
Performance Review	The employee has a current performance review on file:Yes Date:No  If yes:				
	I confirm that the current performance review is <b>positive</b> .				
	OR .				
	The current performance review is <b>not positive</b> .				
Reviewed and confirmed by:					
Name	Signature	Title		Date	

Updated: August 2020