

This attestation in accordance with the LRES integrated Employment Servies Program guidelines is intended to document and confirm a client's employment and details thereof.

I, EO Office Employee Name on behalf of Service Provider am submitting this attestation as proof of employment for Clients Full Name.

We as the Service Provider have Summary or attempts to collect the employment letter or pay stubs.

We can confirm Clients Name is employed at Place of Employment by a rational that explains the evidence that the Service Provider has in support of the accuracy of the attestation.

In addition, Any other factors relevant to the attestation.

I, Lead Service Provider Employment Casework of Clients EAP hereby attest that all above information is correct and we have exhausted all other options of confirming employment.

Signature: _____ Date: _____

Service Provider Manager Name Printed: _____

Signature ______ Date: _____

LRES Employment Program Coordinator : _____

Signature _____ Date: _____



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