

SCHEDULE "A"
Request for Access to Personal Information Form

Name of Applicant: _____

Mailing Address: _____

Contact Information (phone #, email address, etc.): _____

Best time to call (if phone number is included): _____

Current or Past Employees

Do you want copies of your:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| 1. *Pension information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. *Performance Appraisals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. *Attendance Sheets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. *Contents of your personnel file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. *Contents of your benefits file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any other records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If so, what records? _____

Over what time frame do you want us to search (this will help us determine whether archived records need to be checked)? _____

All Other Applicants

Do you want copies of:

- | | | |
|--|------------------------------|-----------------------------|
| 1. *Return receipts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. *Pre-ordered receipts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. *Screen prints of your personal information in our computer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. *Handwritten notes on telephone conversations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. *Email correspondence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If the same document s held in more than one location / department, do you want multiple copies of that record even if it is identical? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are there any other records containing your personal information that you are interested in receiving? If so, please provide additional details here: _____

Date: _____ Signature: _____

If you have any questions about completing this form, please feel free to contact our Privacy Officer, Dan Pichette by email at privacy@output.co.

**Not all records may be available. Our response will advise if records were deleted if required by our retention policies. We will respond as quickly as possible and no later than 30 days unless we require clarification from you in which case we will contact you regarding the delay. This does not include days when we are awaiting you to respond to a fee estimate. No charge is levied for employee personal information. You may be required to establish your identity in order to receive such information..*