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**Nurses Recruitment & Retention Fund (NRRF)**

Employer Verification of Incomplete Service Agreement

Personal Care Home Grant – Policy Section 8.1

**Instructions:** Please complete the following documentation for all individuals who did not complete their 12 month return of service commitment, but requested employer verification of employment for the purposes of receiving funding from the NRRF.

**Name of Employee:**

First Day of Employment (Y/M/D): (\_\_\_/\_\_\_/\_\_\_)

Last Day of Employment(Y/M/D): (\_\_\_/\_\_\_/\_\_\_)

Employment Classification (please circle): | RN | RN(EP) | RPN | LPN |

Address of Employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information for Employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:**

Regional Health Authority: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: (204)\_\_\_\_-\_\_\_\_

Date(Y/M/D): (\_\_\_/\_\_\_/\_\_\_)

**Please return to:**

**Nurses Recruitment and Retention Fund**  
**1043A-300 Carlton Street, Winnipeg MB R3B 3M9**  
**Phone: 1 (877) 681-4983 Fax: 1(204) 779-1044**  
**Email: [nrrf@gov.mb.ca](mailto:nrrf@gov.mb.ca)**