



Personal Information Request Form

SECTION 1 – CONTACT INFORMATION OF REQUESTOR

Name:	
Employee Number (PIN) If requestor is a CN Employee:	
Name of Organization:	
Telephone number:	
Email Address:	
Country:	

SECTION 2 – CONTACT INFORMATION OF REQUESTEE (EMPLOYEE OR FORMER EMPLOYEE) IF THE REQUESTEE IS NOT THE SAME PERSON AS THE REQUESTOR

Name:	
Employee Number (PIN) of the requestee if known by the requestor:	
Date of Birth:	
Country:	

SECTION 3 – RELATIONSHIP WITH CN

- Employee
 Former employee or Retiree
 Law Firm
 Other

SECTION 4 – ACCESS REQUEST

Provide enough details about the request to enable CN to identify the requested information.

The exact date of the record or the time period of the records (*Provide specific dates or date range*)

Exact date:

Or

From: To:

What type of records do you want to access?

Please select below the specific information you are requesting

Basic Record:

- | | |
|---|---|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Job description |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Performance Records |
| <input type="checkbox"/> History of Employment | <input type="checkbox"/> Paid Disability Benefits |
| <input type="checkbox"/> Employee Electronic File | |



Extended Record:

Employment Records

- Training records
- Record of employment (Canada)
- Copy of the most recent Collective Agreement

Benefit Booklets and Retirement Plans

- Benefit Plan booklet
- Pension Plan booklet
- Annual Incentive Bonus Plan
- Employee Share Investment Plan (ESIP)
- Performance Shared Units (PSU Plan)

- Medical Information:

Please ensure to attach a separate signed release authorization form

- Others records not listed above:

SECTION 5 – WHERE TO SEND YOUR REQUEST

Please forward the completed form to hrcenterrh@cn.ca

SECTION 6 – CONSENT

For employee requests, please provide your authorization for releasing your personal information by signing and dating the form below.

For external requests, please attach a separate form signed and dated by the requestee authorizing release of his/her personal information. Please send to hrcenterrh@cn.ca

Signature:

Date:

If you have questions, please contact CN at 1-877-399-5421