



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 – 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 <i>(Provide specific dates or date range)</i>			
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: ☐ Payroll ☐ Attendance Records ☐ History of Employment ☐ Employee Electronic File ☐ Job description ☐ Performance Records ☐ Paid Disability Benefits			

**Extended Record:**Employment Records

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

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

☐ Others records not listed above:

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SECTION 4 – CONSENT OF THE REQUESTEE

If you are the requestee (*i.e.* if you request your own personal information), please provide your authorization for releasing your personal information by signing and dating below.

If the requestor is not the same person as the requestee, please have the requestee sign and date below to authorize release of his/her personal information to the requestor.

Print name:

Signature:

Date:

SECTION 5 – WHERE TO SEND YOUR REQUEST

Please forward the completed form to hrcentrerh@cn.ca

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