

**SERVICE LETTER**

The provisions of 19 Del. C. §708 require that we obtain a service letter from you as an employer or former employer of the person named below. The provisions of 19 Del. C. §708 also require any employer who receives a request for a service letter to provide the information on this form within ten (10) business days from receipt of the request. This law provides for penalties of \$1,000 - \$5,000 for failing to disclose all applicable and available truthful information known to the employer.

**TO BE COMPLETED BY EMPLOYER REQUESTING SERVICE LETTER.**

Name of Business/Employer requesting service letter: \_\_\_\_\_

Address of Business/Employer: \_\_\_\_\_

Type of Business of Employer requesting service letter (Check one):

\_\_\_\_\_ Health Care Facility      \_\_\_\_\_ Child Care Facility

Name of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER RECEIVING SERVICE LETTER REQUEST.**

The above-named person has applied for employment/licensure with our organization. The applicant indicated on his/her application that s/he was or is employed by you and has signed an authorization and release form that permits you to truthfully answer these questions without liability.

1. Complete Name of Business/Employer: \_\_\_\_\_

Address of Business/Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

2. Dates of Service for employee: From: \_\_\_\_\_ To: \_\_\_\_\_

If this information is not available, please explain: \_\_\_\_\_

3. Please answer the following questions:

A. Type of service performed by the person during the course of his/her employment.

**(Please Check One.)**

\_\_\_\_\_ The employee was directly involved on a daily or frequent basis providing services and/or care to clients/patients/residents/children.

- The employee was not directly involved providing services and/or care to clients/patients/residents/children on a daily or frequent basis, but did occasionally provide some care and/or services.
- The employee did not provide services and/or care to clients/patients/residents/children, but did have some contact with them.
- The employee had no contact with clients/patients/residents/children.
- This information is not available. (Please Explain.)  
\_\_\_\_\_

B. Reason for separation from service (please check one.)

- Laid-off  Resigned  Resigned in lieu of discharge
- Discharged  Abandoned Position  Other (Specify) \_\_\_\_\_

Information not available (Explain) \_\_\_\_\_

C. Information relating to employee's performance (please check all statements which apply to this person and circle action/s taken.)

The employee was counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.

The employee was counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of patients/clients/residents/children.

The employee was counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving negligence/neglect of patients/clients/residents/children.

The employee was never counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of patients/clients/residents/children.

Not applicable to this employee. (Please Explain.) \_\_\_\_\_

4. (Optional) I would rehire this individual yes no

**I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Printed name/title of person completing the form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date