Sample Letter of Good Standing*

Your Company's Letterhead

Company Letterhead

{Insert Date}

To Whom It May Concern,

My name is Jane Doe and I am the Company Administrator for ABC Enterprises. I am writing to respectfully ask for your consideration of the Omnivee Vendor waiver request submitted by our employee, John Doe.

Employment Dates

Mr. Doe has been employed with us since 08/15/2007. Over the last 5 years, he has proven to be a hard-working and valuable employee, starting out in the field and working his way up to his current position as a supervisor.

Mr. Doe has not had any attendance issues or any kind of disciplinary action taken against him since he started with us 5 years ago. He made a mistake when he was young, but has since completed his community service, and has learned from his experiences.

Verify Good Standing

We consider Mr. Doe to be in excellent standing with our company. His continued presence at his job sites is vital to our operations, and we sincerely hope that he is approved for Omnivee Vendor access in order to continue his job.

If you have any questions about Mr. Doe's employment or require any additional information, please do not hesitate to contact me at (555)555-5555 or janedoe@examp[illegible].com.

Thank you for your consideration in this matter.

Company Administrator Contact

Sincerely,

Jane Doe

Jane Doe
Manager/Company Administrator
(555) 555-5555
janedoe@example.com

SAMPLE

***Please note:** *This is a sample provided for your reference only. Use of this sample format or the type of information contained in this sample will not guarantee that an employee will be granted a waiver to access a facility through the Omnivee® Vendor Program.*

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Waiver Release Authorization Form

Please **Sign** and **Date** below to initiate the waiver process for the Omnivee® Vendor Program
Incorrect or incomplete forms will not be accepted or retained on file

Send this form, the Letter of Good Standing and any supporting documentation, to Omnivee Vendor:

Via Fax: (971) 223-6496
Via Email: vettingsupport@omnivee.com

Participant Name:

Participant Address:

Participant Phone Number:

Company Name:

Case / Work Order Number(s):

Name of Facility:

*(**Please note**: an individual waiver form must be submitted for each facility.)*

To Whom It May Concern:

By signing this background investigation release form, I, «Employee_Name», hereby authorize the Omnivee Vendor Program to provide a copy of my background check report(s) to the facility for review. I understand that the facility will use this information to determine my eligibility to obtain a waiver to participate in the Omnivee Vendor Program at that facility.

Regards,

Signed _____ **Date** _____

To be completed by the Company Administrator:

☐ **By checking this box, I authorize the Omnivee Vendor Program to:**

- Submit this Waiver request to the listed facility immediately upon receipt.
- Update this Participant's primary facility to the first facility that approves his/her waiver request.
- Ship any new Omnivee Vendor credential to the new primary facility location for this Participant, should it be changed.

If you have any questions regarding the waiver process or how to complete this form, please call Omnivee Vendor Customer Support at **(877) 727-4342**.

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