

Employment Verification Request Form

Requestor's Name: _____

Employee ID/ Social Security Number: _____

Date of Request: _____

Contact Number: _____

E-mail Address (optional): _____

Please select the information you would like the Payroll Department to disclose in the employment verification:

- Dates of Employment
- Job Title
- Salary/Hourly Pay
- Full-time/Part-time/Temp Status

Other (Please specify):

Employee Signature

Date

****Please note our turn around will be up to 5 business days from date of your request. ****

Thank you.