EMPLOYMENT VERIFICATION LETTER REQUEST

NAME: _____

EMP NO.: _____

PHONE: _____

DATE: _____

(PLEASE CHECK)

☐ CLASSIFICATION TITLE   ☐ EMPLOYMENT DATE (Original/Continuous Service)

☐ MONTHLY SALARY   ☐ EMPLOYMENT STATUS (Perm., Temp.)

(PLEASE CHECK ONE)

☐ TO BE PICKED-UP *(Must show ID at time of pick up)*

☐ TO BE MAILED TO HOME ADDRESS *(Must be same as in HR record):*

_____

_____

_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**EMPLOYEE'S
SIGNATURE** _____ **DATE** _____

NOTE: PROCESS TAKES APPROXIMATELY ONE TO TWO BUSINESS DAYS.

FOR PICK UP ONLY:

I ACKNOWLEDGE RECEIPT OF VERIFICATION LETTER.

**EMPLOYEE'S
SIGNATURE** _____ **DATE** _____

IDENTIFICATION VERIFIED BY:

**HR STAFF'S
SIGNATURE** _____ **DATE** _____

This form and a copy of the verification letter will be filed in the personnel file.

HRD 05/23/12