

VERIFICATION REQUEST FORM

NAME: -----
(Last Name) (First Name) (Middle Initial)

EMPLOYEE ID# _____ OR SOCIAL SECURITY# _____

CONTACT NUMBER WHEN READY _____

PLEASE CHECK INFORMATION BEING REQUESTED

- POSITION
- EFFECTIVE DATE
- CURRENT SALARY
- RESIGNATION DATE

ADDITIONAL INFORMATION REQUESTED IN DETAIL

EMPLOYEE'S SIGNATURE

DATE