EMPLOYEE REQUEST FOR EMPLOYMENT VERIFICATION
The request for an employment verification typically takes 5 -7 business days to process*.

Name:_____ SSN: __ __ __ - __ __ - __ __ __ __

DOB: __ __/__ __/__ __ Banner ID: A__ __ __ __ __ __ __ __ Phone: __ __ __ - __ __ __ -__ __ __ __

Provide approximate dates of employment Month/Year(s): _____

Please check the appropriate boxes for the job classification for which you are requesting information.

☐ Hourly   ☐ Student   ☐ Classified   ☐ Confidential

☐ Supervisor   ☐ Management   ☐ Part-Time Faculty   ☐ Full-Time Faculty

Please check the appropriate boxes regarding the information you are requesting.

☐ Position   ☐ Salary (Base ___ *or* YTD/Total? ____) ☐ Dates of employment

☐ Number of units taught/Classes taught   ☐ Number of years taught

☐ Other:_____

Comments: _____

Address letter to:

_____

Letter to be:
☐ Faxed_____

☐ Sent USPS

☐ Picked up by employee

_____

_____

Employee Signature: _____ Date: _____

 Verified by: _____

Records prior to 2008 may require additional time to process

For Human Resources Use Only

Request received by _____ Date: _____

Verify name above is same as in records, ie name change / maiden name since dates of employment. Note if different.

Identity by at least 2 forms, or visual of Photo ID:

☐ *Photo ID*   ☐ *Emergency Contact*   ☐ *Last Paid Date*   ☐ *Last 4 SSN digits*   ☐ *Previous Address*

☐ *Requested payroll information from: _____ Date :_____*

☐ *Warehouse or Bin: Box #:_____ Date Pulled: _____ Date Returned:_____*

Comments: _____

VOE Completed by: _____ Date: _____