Verification of Employment Letter Request

Please type or print only

Last Name: _____

First Name: _____

Employee ID: _____ Active Employee (Yes or No) _____

Phone number: _____

The Employment Verification Letter will include the following:

Employee name, number, address, hire date, position, check cycles, pay rate, salary, YTD earnings & two previous years earnings, and a summary of the last 4 pay checks.

PHOTO IDENTIFICATION IS REQUIRED

Once received by the Payroll Department, I am aware that I should allow 3-5 work days to process this request.

Signature _____ Date _____

Select one of the following:

☐ Hold for pick up at 3205 West Davis Street

☐ Mail to the Address of Record
   Please note that this form can only be mailed to the address of record. If the address listed below is not the address of record, please complete an Address Change Form.

_____
(Street)

_____
(City, State, Zip Code)

Office use only

Needed for:

Approval: