



PAYROLL SERVICES
Welch Hall 4th Floor B-478
(310) 243-3769 Office
(310) 217-6889 Fax

Employment Verification Request Form

Requestor's Name: _____

Social Security #: _____

Date of Request: _____

Contact #: _____

E-mail (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): _____

****Please note our turnaround time is 5 business days from the date of request. ****

Thank you.