

EMPLOYMENT VERIFICATION REQUEST FORM

I would like to request that the company provide the following document(s) to confirm my employment status to the specified institution or myself.

Agency/Company requesting information:

Type of documentation requested:

- Paycheck Stub Dated: _____
- Company Specific Form (form must be provided)
- State Department Request Form
- Other – Specify: _____

Recipient of Requested Information (if not provided on the form)

Address: _____

Fax #: _____

E-mail: _____

Any request for information must include the employee's signature. If a request is received with no signature indicating that the employee authorized the request, then the form will not, under any circumstances, be completed.

All forms regarding a worker's compensation case must be sent to the attention of Human Resources immediately and completion of this form is not necessary.

Employee's Signature

Date