

REQUEST FOR VERIFICATION OF EMPLOYMENT LETTER:
(PLEASE ALLOW 7 BUSINESS DAYS FOR COMPLETION OF THIS REQUEST)

To Whom It May Concern:

I am requesting a Verification of Employment Letter. I would like the following information contained in the letter (circle selections):

1. My name
2. The last 4 digits of my Social Security Number
3. My Job Title
4. The Department where I worked
5. My hire date
6. Show that I am currently working or my end date
7. My annual Salary

Please provide a mailing address where the letter should be sent. If you prefer to pick the letter up, provide us with either your email address or phone number & we will contact you when it is ready. (Photo ID is required for pick up.)

Your Name (Print): _____

Social Security Number: xxx-xx-_____

Your Signature: _____

Date: _____

PLEASE FAX THIS COMPLETED FORM TO THE PAYROLL DEPARTMENT AT 412-624-8072.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL PAYROLL AT 412-624-8070

THANK YOU