

LOS ANGELES UNIFIED SCHOOL DISTRICT Human Resources Division - Employee Relations Section 333 S. Beaudry Ave., 14th Floor Los Angeles, CA 90017 Tel.: (213) 241-6550 / Fax: (213) 241-8404 Email: employeeverify@lausd.net

## **EMPLOYMENT VERIFICATION REQUEST FORM**

Please submit completed, signed form to the Employee Relations Section. If you have questions concerning the completion or submission of this request, please call Employee Relations Section at (213) 241-6550.

This section must be completed so that we may access the employee's records.   Employee's Name (Last, First, Middle Initial): Most Recent Job Title: Employee # or SS #:   Home Address: City: State: Zip:   Email Address: Phone #: Fax #: Other names used while employed with LAUSD:   Request for Verification on Formal Letter (check one): Standard Verification in Teacher Experience in INS Letter in Other please explain: INS Letter in Company or Institution:   Section 2: Third-Party Information This section should be completed only if a third-party is to receive the verification. Fax #:   Address: Phone #: Fax #:   Address: Suite #: City: State: Zip:   Section 3: Check only one box to indicate how you/the third party would like to receive the requested information. Fax III Fax III	
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Email Address: Phone #: Fax #:   Other names used while employed with LAUSD: Request for Verification on Formal Letter (check one): INS Letter □   Standard Verification □ Teacher Experience □ INS Letter □   Other please explain: INS Letter □ Other please explain:   Section 2: Third-Party Information Third-Party Contact Name: Company or Institution:   Third-Party Contact Name: Phone #: Fax #:   Address: Suite #: City: State: Zip:   Section 3: Check only one box to indicate how you/the third party would like to receive the requested information. Indicate how you/the third party would like to receive the rec	
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requested information.	
Email Fax Mail Hold for Pick-up	
Section 4: Employee Signature	
The employee must provide his/her signature, authorizing the release of his/her employment information.	
Employee's Signature: Date:	
Section 5: LAUSD, Employee Relations Section Use Only	
Date of Hire: Hourly Rate: Hrs. Per Month: Title of Employee:	
Employment is: Work Basis:	
Regular Temporary 10 month 12 month	
Frequency of Pay: Separation Date (Retirement/Resignation):   Monthly Semi-Monthly	
Comments:	
Authorized Signature: Title: Date:	

