

EMPLOYMENT VERIFICATION FORM

To be completed by the requesting organization or DHS official recording a verbal request:

_____	_____
Requesting Organization	Contact Person
_____	_____
FAX / Phone	E-mail Address

Mailing Address	

Employment Verification Requested for:

_____	_____
Name of Employee	SSN (if known)

To be completed by an authorized DHS official:

Request received via (*check one*): Mail FAX Phone _____
 E-mail Other Date Request Received

The following information is provided in response to your request for employment verification information on the employee listed above.

_____	_____
Job Title	DHS Organizational Unit
_____	_____
Monthly Salary	Hourly Rate (if appropriate)
_____	_____
Employment Begin Date	Employment End Date (if applicable)

Comments: _____

Completed By:

_____	_____
Name of Official (please print)	Job Title / DHS Organizational Unit
_____	_____
Signature	Date
