

State Personnel Administration (SPA) Employment Verification Request Form

For information on current employees, including salary information, please contact employer.

Last Name First Name Initial

Date Phone Number (no dashes)

email _____

Requestor Company Name

Requestor Title

Employee Last Name

Employee First Name

Initial

By completing and sending this on-line form, you will receive employment start and termination dates, position title and whether the employee is active or inactive.