

**EMPLOYMENT VERIFICATION FORM**

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*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) |

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*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                                |

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