

# 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)
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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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