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EMPLOYMENT VERIFICATION

request form, to be completed by the employer

DATE OF REQUEST | PLEASE REPLY BY | REQUESTER'S REFERENCE

Part 1. Requested by (person or organization asking for verification)

Name _____ Organization _____

Address _____

Phone _____ Email _____

Reason _____

Part 2. Employee details and authorization

Employee name _____ Employer _____

Employer address _____

RELEASE ONLY THE ITEMS TICKED

- ❑ Dates of employment
- ❑ Full-time / part-time status
- ❑ Pay rate and pay frequency
- ❑ Job title
- ❑ Usual hours per week
- ❑ Year-to-date gross pay

I authorize the employer named above to give the requester in Part 1 only the items ticked, for the reason stated. This consent covers this request only.

Employee signature _____ Printed name _____ Date signed _____

Part 3. To be completed by the employer (answer only the items authorized in Part 2)

Currently employed _____ Job title _____

Start date _____ End date _____

Full-time / part-time _____ Hours per week _____

Pay rate _____ Pay frequency _____

Year-to-date gross pay _____ YTD as of _____

REMARKS

The answers above come from company records on the date signed. They confirm past and current facts only and are not a promise of continued employment or pay.

Completed by (signature) _____ Name and title _____ Phone / email _____ Date _____