office printable .com

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 _____