

Granite School District

Human Resources Department

Request for Employment Verification

Date: _____

Name: _____

Last 4 of SS# or Employee ID: _____

Case Number: _____

Phone Number: _____

Info Needed

- | | |
|---|---|
| <input type="checkbox"/> Dates of Employment | <input type="checkbox"/> Hours |
| <input type="checkbox"/> Current Position | <input type="checkbox"/> All past positions (<u>will take longer</u> than 72 business hours) |
| <input type="checkbox"/> Wages (NA if for a mortgage) | <input type="checkbox"/> No Summer Work |
| <input type="checkbox"/> Other: | |
-

Call When Complete: ___ Yes ___ No

Pick Up: ___ Yes ___ No

Additional Copies: ___ Yes ___ No _____ How many?

Fax#

Attention:

Employee's Signature

We require up to 72 business hours to complete all verifications.