

UW-EXTENSION EMPLOYMENT VERIFICATION REQUEST

Complete **REQUESTOR INFORMATION** section

Check appropriate boxes in **INFORMATION REQUESTED** section

Fax **REQUEST** and **AUTHORIZATION TO RELEASE INFORMATION** to 608-265-5247

Call 608-262-0531 for additional help

REQUESTOR INFORMATION

1. Requestor name	2. Request date
3. Requestor company name/department	
4. Requestor company address	
5. Requestor telephone number	6. Requestor fax number
7. Re: employee name (Last, First, M.I.)	
8. Employee social security number	

INFORMATION REQUESTED (check appropriate boxes)

<input type="checkbox"/> 9. Job title	<input type="checkbox"/> 10. Employment begin/end date Begin: _____ End: _____
<input type="checkbox"/> 11. Rate of pay per hour/month/year (circle one) Rate: \$ _____	
<input type="checkbox"/> 12. Full-time or part-time Full-time _____ Part-time _____ % time (or average hours/week) _____	
<input type="checkbox"/> 13. Gross wages paid from _____ to _____ Amount: \$ _____	
<input type="checkbox"/> 14. Other (specify)	

COMPLETED BY

Name:	Date:
Title:	Telephone: