



DIVISION OF HUMAN RESOURCES
COMPENSATION UNIT

EMPLOYEE VERIFICATION REQUEST

PURPOSE: This form should be used by DCSD employees to request a verification of employment.

INSTRUCTIONS: Please complete form and return to the Compensation Unit in Human Resources or fax to 678-676-0187. All verifications are important and will be processed in the order in which they are received. Please allow at least (7-10) business days for a response to most requests. Exceptions will be made for loans and/or mortgage verifications.

Employee Name	Employee ID#
School/Dept	Position
Contact Number	Date
Are you an active employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when did you leave?	
Employee Signature	
<i>My signature serves as authorization for the DeKalb County School District to release the requested information.</i>	

Type of Request
<input type="checkbox"/> Employment History (dates and income) <input type="checkbox"/> Loan Deferment or Cancellation Forms (Loan Forgiveness) <input type="checkbox"/> Work Experience Verification <input type="checkbox"/> Verification of Absence Information* *Days absent from work relating to an accident or illness must be verified through the payroll secretary prior to release of information. <input type="checkbox"/> Request for Documents from Employee * Requested Document _____
<i>* This request may not take priority over most requests – This process may take more than 7 business days.</i>

Instructions for Delivery
<input type="checkbox"/> Fax to () _____ - _____ <input type="checkbox"/> Send to address Name: _____ Street Address: _____ City: _____ State _____ Zip _____ <input type="checkbox"/> Courier to designated school indicated above <input type="checkbox"/> Pick up in Human Resources – please call to confirm that document is ready.
Additional instructions:

HR USE ONLY	Received	Processed	Scanned
-------------	----------	-----------	---------