

REQUIREMENTS FOR LETTER OF VERIFICATION

HUMAN RESOURCES SCHOOL DISTRICT U-46

Last 4 Digits of SS:	Name:	ID#:
Please select what information you would like included: □ Position/Job Title □ Annual Salary □ Hourly Salary □ Start Date and/or End Date □ Years in District	Last 4 Digits of SS: Cell	#:
 □ Position/Job Title □ Annual Salary □ Hourly Salary □ Start Date and/or End Date □ Years in District 	E-mail:	
 □ Annual Salary □ Hourly Salary □ Start Date and/or End Date □ Years in District 	Please select what information you would like i	ncluded:
 ☐ Hourly Salary ☐ Start Date and/or End Date ☐ Years in District 	☐ Position/Job Title	
 □ Start Date and/or End Date □ Years in District 	☐ Annual Salary	
☐ Years in District	☐ Hourly Salary	
	☐ Start Date and/or End Date	
Additional Information/Comments:	☐ Years in District	
	Additional Information/Comments:	
Signature: Date:	Signature:	Date:

Please keep in mind that our employment verifications \underline{may} take anywhere between 3-5 business days to be completed. Also, please make sure to sign and date this form in order to have the verification request completed and sent to you.