

EL PASO INDEPENDENT SCHOOL DISTRICT

Human Resources

6531 Boeing Drive El Paso, TX 79925 Phone (915) 230-2005 Fax (915) 230-0005 www.episd.org

Request for Verification of Employment

Return form via email to hr@episd.org, fax to (915)230-0005, send through inter-district mail to Human Resources, or mail to EPISD.

Name:_____

Other name(s) records may be listed under:

TEAMS ID #:_____ Last 4 #s of your Social Security #: _____

Telephone # (to contact you if we have questions concerning your request):

Please select one option (if not selected, your complete social security number will appear)

- Include my complete social security number
- Include on the last 4-digits of my social security number
- Do not include my social security number

Information you are requesting to be verified:

Hire Date	Termination Date	Position	First/Last Day on Duty
Rate of Pay (Salary)	Frequency of Pay	Location	Number of Days on Duty
Other (Please explain):			

What would you like us to do with your request?

 Pick-up at Human Resources Current Employees - Send inter-District mail, Campus/Dept.:				
City:	State:	Zip:	A	
Fax to: Company Name		Fax #:	1111 0	
Attention (Individual's Name	e):			

Due to the high level of employee confidentiality of personnel information, my signature below authorizes Human Resources to release only the information requested in this document to the above listed individual/company, if other than myself. I understand that should additional information need to be verified that has not been specified on this document, this form may not be adjusted and a new request must be submitted. I further understand that all requests for employment verification are done on district letterhead in letter format and are completed within five to ten business days from date of request.

Signature	and and the second s	Date	