

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 ma	ay be listed under:			
TEAMS ID #:	Last 4 #s of your Social Security #:			
Telephone # (to contact ye	ou if we have questions concer	ning your request):	
Include my complete se	gits of my social security number		ty number will	appear)
Information you are required. Hire Date Rate of Pay (Salary) Other (Please explain)	☐ Termination Date ☐ Frequency of Pay	☐ Position☐ Location	First/Last D Number of	Day on Duty Days on Duty
☐ Pick-up at Human Res☐ Current Employees - S☐ Mail to:	to do with your request? ources end inter-District mail, Campus	•		
	State:			
☐ Fax to: Company Name			Fax #:	
Attention (Individual's Nan	ne):			A CHILLIAN
authorizes Human Reso listed individual/compar be verified that has not request must be submit	of employee confidentiality urces to release only the information, if other than myself. I under the been specified on this docted. I further understand that letter format and are completed.	ormation reques erstand that sho ument, this form all requests for	ated in this doc buld additional n may not be a employment w	cument to the above information need to adjusted and a new rerification are done
Signature			Date	