



Verification of Employment Letter Request Form

Please complete the following form. Scan the completed form to:
HRCustomerService@aisd.net

Name: _____ Employee ID #: _____

Other Name(s) Records May Be Under: _____

Social Security #: _____ Telephone #: _____

Mailing Address to Use if Not Picking Up

Address: _____

City: _____ State: _____ Zip Code: _____

Current Employee: _____ Former Employee: _____

Original Hire Date: _____ Current Separation Date: _____

The Verification of Employment Letter will include the employee's:

Name
 Position
 Dates of Employment

Please check the following boxes if you want the Verification of Employment Letter to also include:

Daily Rate Hourly Rate (if applicable) Summer Hours

Please check One of the Following:

Mail the Verification of Employment Letter to the Address Above

I will pick up the Verification of Employment Letter at the HR office. An HR Specialist will call when the record is ready. Records not picked up within 30 days will be returned to file and will need to be requested again.

Signature: _____ Date: _____