

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

It is the responsibility of Southern Illinois University Edwardsville to protect the privacy of its employees. As a service to its employees, the Offices of Human Resources at Southern Illinois University Edwardsville is committed to providing employment verification of faculty and staff for the purposes of bank loans, credit references, employment opportunities, etc. To ensure the quality and accuracy of verification, please follow the procedure for completing this form.

**PROCEDURE:** Please print a copy of this form and complete the following information pertaining to the employee. Check the box(es) next to each item that is being requested. It is University policy to not release any information to an outside agency, unless required by law, without signed release by the individual. Therefore, this form must be signed by the employee. Please fax or mail the completed form to the following address:

**Office of Human Resources**  
Southern Illinois University Edwardsville  
Campus Box 1040  
Edwardsville, IL 62026-1040  
Fax: (618)-650-2696 Phone: (618)-650-2190

\*Please allow up to 5 business days for reply to all employment verifications.

### Step 1: Employee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Soc. Sec. Number (last 4 digits) XXX-XX-\_\_\_\_\_ Banner ID (if applicable) \_\_\_\_\_

Employment Type:  Student Worker  Graduate Assistant  Civil Service Extra Help  
 Faculty  Civil Service  Administrative/Professional Staff

### Step 2: Type of Verification (Please Check Box(es) of Interest)

Original Hire Date  Rate of Pay  
 Date of Termination (if applicable)  Hours worked per Pay Period  
 Position/ Title  Current Year's Gross Earning  
 Employee Status  Previous Year's Gross Earning

### Step 3: Delivery Method (Please Check One Box)

Pick up in Human Resources (You will be notified when your verification is ready)  
 Fax (If you select 'fax' please provide the following information for who you want the fax sent to)

Company Name: \_\_\_\_\_ Attention To: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Step 4: Employee Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize Southern Illinois University Edwardsville to fully disclose employment and income information to \_\_\_\_\_ for the purposes of verifying employment information. By signing below I certify that I have read and understand the terms of this employment verification. Southern Illinois University Edwardsville operates in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of others being investigated. This includes the use of my Social Security Number to conduct the requested employment verification and for other administrative functions related to the verification process. A Statement of Purpose for collection of my Social Security Number is available upon my request.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Requestor's Contact Information

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_