



## DIVISION OF HUMAN RESOURCES

## COMPENSATION UNIT

**EMPLOYEE VERIFICATION REQUEST**

PURPOSE: This form should be used by DCSD employees to request a verification of employment.

INSTRUCTIONS: Please complete form and return to the Compensation Unit in The Division of Human Resources or fax to 678-676-0187. All verifications are important and will be processed in the order in which they are received. Please allow at least (7-10) business days for a response to most requests. Exceptions will be made for loans and/or mortgage verifications.

Employee Name	Employee ID#
School/Dept	Position
Contact Number	Date
Are you an active employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when did you leave?	
Employee Signature	
<i>My signature serves as authorization for the DeKalb County School District to release the requested information.</i>	

**Type of Request**

- ☐ Employment History (dates and income)  
☐ Loan Deferment or Cancellation Forms (Loan Forgiveness)  
☐ Work Experience Verification  
☐ Verification of Absence Information\*

\*Days absent from work relating to an accident or illness must be verified through the payroll secretary prior to release of information.

- ☐ Request for Documents from Employee \*

Requested Document \_\_\_\_\_

*\* This request may take more than 7 business days.*

**Instructions for Delivery**

- ☐ Fax to ( ) \_\_\_\_\_ - \_\_\_\_\_  
☐ Send to address Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- ☐ Courier to designated school indicated above  
☐ Pick up in Human Resources – please call to confirm that document is ready.

Additional instructions:

HR USE ONLY	Received	Processed	Scanned
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