



## DIVISION OF HUMAN RESOURCES

## COMPENSATION UNIT

**FINANCIAL VERIFICATION REQUEST**

**PURPOSE:** This form should be used by DCSD employees to request a verification of salary-related information.

**INSTRUCTIONS:** Please complete form and return to the Compensation Unit in The Division of Human Resources or fax to 678-676-0066. 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**

- ☐ Loan Deferment or Cancellation Forms (Loan Forgiveness)
- ☐ Mortgage, Mortgage Audit or Loan Refinance
- ☐ Automobile Loan
- ☐ Apartment Move-in Application
- ☐ Social Security, Child Support or DFCS Forms
- ☐ Wage/Salary Documentation
- ☐ State Unemployment Forms and/or Department of Veteran's Affairs
- ☐ 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.

**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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