

EMPLOYMENT PENDING RECEIPT OF EMPLOYMENT VERIFICATION

Human Resources Office 900 Otay Lakes Road Chula Vista, CA 91910 (619) 482-6395 (619) 482 6418 Fax

The below named person, who has been hired to a part-time position in the Southwestern Community College District, lists employment with you. Official verification is required in order to verify that this person meets minimum qualifications. Thank you for your prompt response in providing the information requested below.

REQUEST FOR VERIFICATION OF EMPLOYMENT

I HEREBY AUTHORIZE THE RELEASE	E OF ANY INFORMAT	ION REGARDING MY EMPLOYN	MENT.
PRINT NAME		SOCIAL SECURITY NUMBER	
REQUESTER'S SIGNATURE		DATE	
EMPLOYER COMPLETE BELOW			
DATE:			
NAME OF BUSINESS:			
ADDDRESS:			
			
DATES OF EMPLOYMENT FROM	Month/Year	TO:Month/Year	
POSITION TITLE:			
FULL TIME: PART TIME: (IF PART TIME, PLEASE INDICATE PERCENTAGE%)			
IF REQUESTING CREDIT FOR TEACHING, PLEASE ATTACH LIST OF COURSES TAUGHT AND NUMBER OF UNITS. (INDICATE WHETHER THEY WERE SEMESTER UNITS OR QUARTER UNITS.)			
SIGNATURE	DATE	PHONE NUMBE	R