

DEPARTMENT OF HUMAN RESOURCES

VERIFICATION OF EMPLOYMENT FORM

Agency Name: _____

Address: _____

Please be advised that _____, _____
Last First MI SS#

reported your agency as prior state/political subdivision employment. Please complete the following information for verification as soon as possible and return to the address below:

Dates of Employment: _____ to _____

Transfer or Separation Date: _____

Balance of Leave at Separation: Sick _____ hours/days
Annual _____ hours/days

Leave Accrual Rate at Separation: _____ hours/days

Leave Change Date: _____

Were leave balances transferred to another agency of this state/political subdivision?

____ Yes ____ No

If Yes, please provide the name of agency and date transferred.

Name _____ Date Transferred: _____

Above Verification Certified by: _____

Signature

Date

Title

Return To: Department of Human Resources
Grambling State University
Campus Box 4261
Grambling, LA 71245
Fax: (318) 274-3876

For Office Use Only:

Date Mailed

Initials