



VERIFICATION OF EMPLOYMENT REQUEST
(WORKSITE EMPLOYEES ONLY)

General Information

- Contact the Insperity Hotline at 800-242-8893, ext. 3796, to obtain dates of employment and last position held.
- All requests for employment verifications and other related employment information **MUST** be in writing. All forms must be mailed or faxed. No electronic signatures can be accepted for employment verifications. Send the completed verification of employment form to: **EMPLOYMENT VERIFICATIONS MC 1-6320**

INSPERITY, INC.

19001 CRESCENT SPRINGS DRIVE

KINGWOOD TEXAS 77339

PHONE: 281-348-2894 TOLL FREE: 800-242-8893 FAX: 866-390-4248

NOTE: Please allow Insperity two business days for processing.

Instructions

- Complete Employee Information - Information for employee being verified. Complete all fields.
- Complete Forwarding Information - Complete forwarding information for entity requiring employment verification.
- Complete Verification Purpose(s) - Reason(s) for the employment verification and employment information needed.
- Employee **MUST** sign and date form to authorize verification. Complete all fields.

EMPLOYEE INFORMATION

First Name	Middle Name	Last Name	
Home Address			
City		State	Zip Code
Home Phone Number	Work Phone Number	E-mail Address	

VERIFICATION PURPOSE(S)

Reason(s) for the Verification (check one or all that apply)			
<input type="checkbox"/> Employment	<input type="checkbox"/> Co-Employment Relationship Letter	<input type="checkbox"/> Other: (Specify reason):	
<input type="checkbox"/> Verbal Confirmation Letter	<input type="checkbox"/> Wage Statements: (Specify Dates)		
<input type="checkbox"/> Mortgage (Year to Date Report)	From: To: (mm/dd/yyyy)		
Employment Information Needed (check all that apply)			
<input type="checkbox"/> Dates of Employment	<input type="checkbox"/> Employee Name	<input type="checkbox"/> Status (PT or FT)	<input type="checkbox"/> Employer Name
<input type="checkbox"/> Position Title	<input type="checkbox"/> Employee Address	<input type="checkbox"/> Salary	<input type="checkbox"/> Employer Address

FORWARDING INFORMATION

<input type="checkbox"/> Employee Copy (check box if Employee requires a copy of this request)		
Entity Requesting Verification		
First Name	Last Name	Company Name
Primary Phone Number	E-mail Address (Optional)	Fax Number (Optional)
Comments:		
Forward Completed Information via Fax or Mail (provide forwarding information)		
Contact Name	Fax Number	Mailing Address (including city/state/zip code)

By signing below, I acknowledge that Insperity may release information regarding my employment to the entity listed in the Forwarding Information section of this form.

SIGN AND DATE THE FORM

Employee Signature	Date Signed (mm/dd/yyyy)	
Print Employee's Full Name	Last 4 Digits of Social Security No. OR →	Insperity Employee ID No.

FOR INSPERITY USE ONLY	Request Prepared By	Date Completed
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