

To: Metropolitan State University of Denver - Office of Human Resources
From(Print Name): _____
900# or SSN#: _____
Date: _____
RE: Verification of Employment

Please provide verification of my employment at MSU Denver. I need to have the following information sent at your earliest convenience:

(Check all boxes that apply)

Employee Classification

Position Title:

Administrator

Dates of Employment:

FT Faculty

Gross Earnings for the year/s of:

Affiliate

Gross Earnings for the month/s of:

Classified

Hourly Wage:

Temporary

Departments Employed In:

Other:

Please fax the requested information to: ATTN: _____
Fax Number: _____

Please send (via mail) the requested information to:

Please send via email: _____

If you have any questions about my request, you may contact me at _____

I UNDERSTAND THAT IT MAY TAKE UP TO THREE BUSINESS DAYS TO FULFILL THIS REQUEST.

Signing this form authorizes MSU Denver to release my employment/ personnel information to the recipient indicated.

SIGNATURE

DATE