



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF
EDUCATION

Human Resources

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Director

JOB VERIFICATION REQUEST FORM

Please **completely** fill in **ALL** sections below

NOTE: *There is a 24 hour processing period on all job verification*

EMPLOYEE INFORMATION:

Name: _____

Employee Number: _____

Telephone Number: _____

Job Title: _____

School/Activity Center: _____

THIS LETTER IS BEING DONE FOR:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> First Express | <input type="checkbox"/> SNAP Program | <input type="checkbox"/> V.I. Housing Authority |
| <input type="checkbox"/> Federal Credit Union | <input type="checkbox"/> G.E.R.S | |
| <input type="checkbox"/> Other: _____ Address: _____ | | |

OTHER INFORMATION:

Pick up Person (if other than the employee): _____

Is a NOPA needed? Yes ☐ No ☐

Employee Signature: _____ **Date:** _____