

EMDLOWEE INCODMATION.

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Nicole Jacobs, IPMA-SCP, SHRM-SCP 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 INFORMAT	ION:	
Name:		Employee Number:
Telephone Number:		
Job Title:		
School/Activity Center:		
THIS LETTER IS BEING	DONE FOR:	
First Express	SNAP Program	V.I. Housing Authority
Federal Credit Uni	ion (Circle one): Mid-Island	Frederiksted Christiansted
G.E.R.S	Other:	
	Address:	
OTHER INFORMATION:	:	
Pick up Person (if oth	ner than the employee):	
Is a NOPA needed?	Yes No	
Employee Signature:		Date•