

PRO-TURF Landscaping

EMPLOYMENT VERIFICATION REQUEST FORM

Check One: Current Employee Former Employee

NAME: _____ SSN: _____

I would like to request my:

- Paycheck Stubs for the Last # _____ Recent Weeks.
- Year-to-Date Earnings
- Hire Date
- Termination Date
- Other: _____

I give my authorization to release this information to the following location(s):

Attn: _____ Fax #: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Complete and Return To: Pro-Turf Landscaping, 16 Pulpit Rock Road, Pelham, NH 03076

Or Email To: info@proturflandscaping.com (email must originate from employee)

For Verification: Attach a copy of your driver's license if mailing or emailing, or deliver in person.

SIGNATURE: _____ **DATE:** _____ **PHONE #:** _____

APPROVING OFFICIAL / OFFICE USE ONLY

Processed by: _____ Date: _____

- Earning Records Enclosed
- Hire Date: _____ Termination Date: _____
- Other: _____

Office Manager Name: _____ Phone: _____

Office Manager Signature: _____ Fax: _____

Privacy Act Statement: Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.