Employment Verification Form

Employee Name: _____ University ID #: _____ Date: _____

Address:_____

Phone #: _____ Email Address:_____

Organization/Office: _____ Position Title: _____

Position Description:_____

_____

Are you currently employed with another UI Department: ____ Yes ____No. If yes, where:_____

For Salaried Employees Only
Total Salary for Appointment: _____ Appointment Pay period: _____ -- _____ (Beginning Date / End Date) Monthly: _____ Lump Sum: _____

For Hourly Employees Only
Hourly Wage: _____ Appointment Pay Period: _____ -- _____ (Beginning Date / End Date) Work Study: ___ Yes ___No

Business Office Initial: _____

Fund	Org	Depart	Sdept	G/Program	Inst Acct	Org Acct	Depact	Fn	CCTR

Student Employee:_____Date:_____	CSIL Advisor:_____Date:_____
Organization Director:_____Date:_____	CSIL Director:_____Date:_____