



LOS ANGELES COUNTY PUBLIC WORKS
HUMAN RESOURCES DIVISION
EMPLOYMENT VERIFICATION LETTER REQUEST

NAME: _____

EMP NO.: _____

PHONE: _____

DATE: _____

(PLEASE CHECK)

CLASSIFICATION TITLE

EMPLOYMENT DATE (Original/Continuous Service)

MONTHLY SALARY

EMPLOYMENT STATUS (Perm., Temp.)

(PLEASE CHECK ONE)

TO BE PICKED-UP (*Must show ID at time of pick up*)

TO BE MAILED TO HOME ADDRESS (*Must be same as in HR record*):

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE'S SIGNATURE _____ DATE _____

NOTE: PROCESS TAKES APPROXIMATELY ONE TO TWO BUSINESS DAYS.

FOR PICK UP ONLY:

I ACKNOWLEDGE RECEIPT OF VERIFICATION LETTER.

EMPLOYEE'S SIGNATURE _____ DATE _____

IDENTIFICATION VERIFIED BY:

HR STAFF'S SIGNATURE _____ DATE _____

This form and a copy of the verification letter will be filed in the personnel file.