

**VERIFICATION OF EMPLOYMENT AND INCOME
 REQUEST FORM**

Name: _____ **Last 4 of SSN:** _____

Job Title at Pearland ISD: _____ **Employee ID#:** _____

Phone Number: _____

VERIFICATION METHOD (Select ONE):

<input type="checkbox"/>	Verification of Employment Letter - No Salary <small>(includes title, dates of service, employment status)</small>	<input type="checkbox"/>	Verification of Income Loan Form <small>(includes most recent three year salary information)</small>
<input type="checkbox"/>	Verification of Employment Letter - Salary <small>(includes title, dates of service, employment status, current income information)</small>	<input type="checkbox"/>	External Verification Form <small>(attach your form to this request)</small>

Please allow 3 to 5 business days to process this request.

DELIVERY METHOD (Select ONE):

Mail To: Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Email: _____

Pick up: HRS will contact you at the phone number provided above when your forms are ready for pick up.

Signature: _____ **Date:** _____

Submit completed form to:

Active and Inactive Employees - E-mail attachment to Elizabeth Saavedra at saavedrae@pearlandisd.org

All Substitute Employees - E-mail attachment to Nancy Atilano at atilanon@pearlandisd.org