Verification List

NAME: _____ **LAST FOUR of SSN:** _____

TODAY'S DATE: _____ **HIRE DATE:** _____

POSITION: _____ **LOCATION:** _____

The Human Resources Operations Department will determine your appropriate step placement after all verification forms are received.

IF THERE ARE OUTSTANDING VERIFICATIONS AFTER 60 DAYS OF INITIAL EMPLOYMENT, SALARY PLACEMENT WILL BE DETERMINED BASED ON THE VERIFICATIONS THAT HAVE BEEN RECEIVED. Any salary placement adjustment resulting from verification(s) received after 60 days **WILL NOT** be retroactive.

IT IS YOUR RESPONSIBILITY TO SEND THE VERIFICATION FORMS TO THE FORMER EMPLOYERS YOU LIST BELOW:

List all agencies to whom you are sending verification forms then send this list to the Human Resources Operations Department at HRverification@gcsnc.com. If this form is not received, all verifications will be held and processed after 60 days.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____