

Employment Verification Request Form
Human Resources-Records



Employment Verification: The Division of Human Resources Records office will only release general employment information for verification purposes. Signed authorization from the individual in question is required for the release of employment information. Requests are processed within 1-2 business days from date received, unless further research is required. **Please complete Sections I and II.**

Employment Letters: At the request of the employee, HR Records will prepare an official letter of employment, limited to two originals. Twenty-four hours advanced notice is required. The letter will include the employee's date of employment, position title, and department name. Salary can be included by request only. **Please complete Section I.**

I am requesting: Employment Verification [] or Employment Letter []

Return by (please check one): Fax [] Mail [] or In Person Pick-up (for employment letter only, employee must show ID) []

SECTION I – To be completed by employee

I hereby authorize GRU/GRMC HR Records to release my current or previous employment information. Additionally, I release Georgia Regents University/Georgia Regents Medical Center from all liability whatsoever for issuing the requested information.

Employment Status: Currently Employed [] Previously Employed [] Provide Salary Information []

Print Name

Employee ID or Last 4 of Social Security Number

Signature

Date

SECTION II – I authorize GRU/GRMC to release employment information to:

Company or Institution Name

Phone/Fax Number

Contact Name and Title

Complete Mailing Address

SECTION III – To be completed by GRU/GRMC HR Records Representative

I certify that the personnel records of Georgia Regents University/Georgia Regents Medical Center reveal the following information on the current or former employee as indicated above in Section I. *Please note: performance information will not be provided.*

Employment Dates: _____

Position Title: _____ Full-time [] or Part-time []

Other: _____
(please specify any additional requested information for consideration)

Printed Name/Title of Records Representative Completing Request

Signature of Records Representative Completing Request

Date:

HR Records Use Only:
Date Received & Logged: _____
Date Completed & Returned: _____

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