



# EAGLE MOUNTAIN SAGINAW ISD

*Fostering a Culture of Excellence*

## Verification of Employment Letter Request

Please allow 30 business days for processing

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

SS#- Last 4: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Employee Status:      Current

Former- What was the last day of employment? \_\_\_\_\_

I am requesting the following letter:

Verification of Employment Letter (please include details of required information, i.e., start date, end date, position, etc.)

Select One Option Below:

I request the letter to be mailed to:

Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please Email/Fax the letter to: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Revised 04/2025