



Stockton Unified School District
Since 1852

HUMAN RESOURCES DEPARTMENT

701 NORTH MADISON STREET • STOCKTON, CA 95202-1687

e-mail: voe@stocktonusd.net e-fax (209) 933-6512 (209) 933-7065 Ext. 2117

VERIFICATION REQUEST FORM

LAST NAME: _____

FIRST NAME: _____

E-MAIL ADDRESS or E-FAX NUMBER (Required): _____

SUSD ID: _____ **SOCIAL SECURITY NUMBER** (Last 4 digits): _____

EMPLOYMENT INFORMATION / EMPLOYMENT STATUS (Complete all sections):

- | | |
|---|---|
| <input type="checkbox"/> CURRENTLY EMPLOYED | <input type="checkbox"/> NO LONGER EMPLOYED |
| <input type="checkbox"/> CERTIFICATED | <input type="checkbox"/> CLASSIFIED |
| <input type="checkbox"/> PERMANENT | <input type="checkbox"/> SUBSTITUTE |

JOB TITLE / POSITION: _____

SCHOOL / SITE LOCATION : _____

(Required for permanent employee only)

REQUEST (Select the option below and indicate if the request is for past or present information):

FORM ATTACHED JURY DUTY LETTER OTHER EMPLOYMENT HISTORY

(Substitute employee only) (Provide details below)

(Fees may apply)

PAST PRESENT (Required)

OTHER: _____

PROCESSING TIME FOR REQUESTS: 3 – 5 BUSINESS DAYS FROM THE DATE RECEIVED

Please return the form in a pdf format only – photos from a mobile cell phone are not acceptable or valid

SIGNATURE (Required)

DATE