



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #601 A1**

**EMPLOYMENT VERIFICATION FORM**

**To be Completed by the Requesting Organization or DHS Official recording the Verbal Request:**

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Email: \_\_\_\_\_

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

**Employment Verification Request for:**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**To be Completed by DHS Official:**

Date Request Received: \_\_\_\_\_

Request Received Via:  Email  Fax  Mail  Phone

The following information is provided in response to your employment verification request for the employee listed above.

Job Title: \_\_\_\_\_

DHS Organizational Unit: \_\_\_\_\_

Salary: \_\_\_\_\_

Hourly Rate (if appropriate): \_\_\_\_\_

Employment Begin Date: \_\_\_\_\_

Employment End Date (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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