

General Information

- Verbal Verification: Contact the Insperity Hotline at 866-715-3552 Option 5, to obtain dates of employment and last position held.
- Written Verification: All requests for employment verifications and other related employment information **MUST** be in writing. All forms must be mailed or faxed. No electronic signatures can be accepted for employment verifications. Send the completed verification of employment form to:

EMPLOYMENT VERIFICATION MC-C4.1.30
INSPERITY, INC.
19001 CRESCENT SPRINGS DRIVE
KINGWOOD TEXAS 77339
PHONE: 281-312-7843 TOLL FREE: 800-242-8893 FAX: 866-390-4248

Note: Please allow Insperity two business days for processing.

Completion Instructions:

- Complete Employee Information - for employee being verified. Complete all fields.
- Complete Forwarding Information - for entity requiring employment verification.
- Complete Verification Purpose(s) - reason(s) for the employment verification and employment information needed.
- Employee **MUST** sign and date form to authorize verification. Complete all fields.

Employee Information		
First Name	Middle Name	Last Name
Home Mailing Address		
City	State	ZIP Code
Home Phone No.	Work Phone No.	Email Address

Verification Purpose(s)		
<i>Reason(s) for the Verification (Check one or all that apply)</i>		
<input type="checkbox"/> Employment <input type="checkbox"/> Verbal Confirmation Letter <input type="checkbox"/> Mortgage (Year to Date Report)	<input type="checkbox"/> Co-Employment Relationship Letter <input type="checkbox"/> Wage Statements: <i>(Specify dates)</i> From: To: <i>(mm/dd/yyyy)</i>	<input type="checkbox"/> Other: <i>(Specify reason):</i>
<i>Employment Information Needed (Check all that apply)</i>		
<input type="checkbox"/> Dates of Employment <input type="checkbox"/> Position Title	<input type="checkbox"/> Employee Name <input type="checkbox"/> Employee Address	<input type="checkbox"/> Status (PT or FT) <input type="checkbox"/> Salary
<input type="checkbox"/> Employer Name <input type="checkbox"/> Employer Address		

Forwarding Information		
<input type="checkbox"/> Employee Copy <i>(Check box if employee requires a copy of this request)</i>		
Entity Requesting Verification		
First Name	Last Name	Client Company Name
Primary Phone Number	Email Address <i>(Optional)</i>	Fax Number <i>(Optional)</i>
Comments:		
<i>Forward Completed Information via Fax or Mail (Provide forwarding information)</i>		
Contact Name	Fax Number	Mailing Address <i>(including city/state/zip code)</i>

By signing below, I acknowledge that Insperity may release information regarding my employment to the entity listed in the Forwarding Information section of this form.

Sign And Date Form		
Employee Signature	Date Signed (mm/dd/yyyy)	
Print Employee's Full Name	Last 4 Digits of Social Security No.	Insperity Employee ID No.
		OR

***** FOR INSPERITY USE ONLY *****	
Request Prepared By	Date Completed