

Human Resource Services New Mexico State University MSC 3HRS, Box 30001 Las Cruces, NM 88003-8001 Phone: (575) 646-8000 Fax: (575) 646-2806

Requesting letter of Employment Verification

Employee Name:		Banner ID:
Title:	Department:	
I hereby request the below informativerification. I authorize New Mexic format described below.		request for a letter of employment release the requested information in the
Signature		Date
ease include:		
Dates of Employment		
Current Position		
☐ History		
 Position Title Hiring Department 		
\Box Salary		
\square Annual		
\Box Semi-monthly		
Semi-monthlyHourly		

Email Address:

All Employment verifications are emailed unless otherwise requested. (Note: Social Security information will not be included in letter.)

 \Box To be picked up by the Employee

 \Box To be mailed to the following address:

(FOR HUMAN RESOURCE SERVICES USE ONLY)			
Request completed by:		Date Completed:	
Title:	Department:		

(FOR HUMAN RESOURCE SERVICES USE ONLY)