



Verification List

NAME: _____ SOC. SEC. NUMBER: _____

TODAY'S DATE: _____ HIRE DATE: _____

POSITION: _____ LOCATION: _____

The Human Resources Operations Department will determine your appropriate step placement when all verification form(s) are received.

IF THERE ARE OUTSTANDING VERIFICATION(S) AFTER 60 DAYS OF INITIAL EMPLOYMENT, SALARY PLACEMENT WILL BE DETERMINED BASED ON THE VERIFICATION(S) THAT HAVE BEEN RECEIVED. Any salary placement adjustment resulting from verification(s) received after 60 days **WILL NOT** be retroactive.

IT IS YOUR RESPONSIBILITY TO SEND THE VERIFICATION FORMS TO THE FORMER EMPLOYERS YOU LIST BELOW:

Please list all agencies to whom you are sending verification forms and forward this list to the Human Resources Operations Department. **If this form is not received, all verifications will be held and processed after 60 days.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____