

Release Form for Employment Verification

Complete the following information:

Employee Name: _____

Social Security #: _____

Employee Telephone #: _____

Type of Form Pay Stub (Date) _____

Year-To-Date (Annual Gross Income) _____

DCF Area Housing Form Other _____

I am/have been employed by(List Worksites): _____

I hereby authorize Landrum Staffing Services and/or Landrum Professional Services, Inc. (AmStaff) to disclose all requested information regarding my wages, benefits and employment status to: _____

Check one:

Please hold to be picked up by (if other than self) _____

Please mail to: _____

Please fax to: Attn: _____ Fax Number: _____

Or E-mail to: _____

Signature: _____ Date: _____

Please fax to: Attn: VOE Specialist Fax Number: (850) 266-0103
or email to voe@landrumhr.com