



**HUMAN RESOURCES DEPARTMENT**  
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## VERIFICATION REQUEST FORM

<b>SECTION 1: EMPLOYEE / FORMER EMPLOYEE IDENTIFICATION</b>		
LAST NAME (Legal)	FIRST NAME (Legal)	MIDDLE INITIAL
E-MAIL ADDRESS <u>or</u> E-FAX NUMBER (Required)		PRIMARY PHONE NUMBER (Required)
SUSD EMPLOYEE ID	SOCIAL SECURITY NUMBER (Last 4 digits)	

<b>SECTION 2: EMPLOYMENT INFORMATION</b>
EMPLOYMENT TYPE / STATUS (Check ALL the ones applicable to you)
<input type="checkbox"/> CURRENTLY EMPLOYED <input type="checkbox"/> NO LONGER EMPLOYED <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> PERMANENT <input type="checkbox"/> SUBSTITUTE
JOB TITLE / POSITION - CURRENT <u>or</u> FORMER (if former employee)
SCHOOL / SITE LOCATION - CURRENT <u>or</u> FORMER (if former employee)

<b>SECTION 3: VERIFICATION OF EMPLOYMENT / EXPERIENCE (VOE) REQUEST</b>
REQUEST (Check multiple if needed, specify the request below under "Other" and "Additional Information")
<input type="checkbox"/> FORM ATTACHED <input type="checkbox"/> JURY DUTY LETTER <input type="checkbox"/> EMPLOYMENT HISTORY ( PRESENT / PAST ) (circle one/both)  <input type="checkbox"/> EMPLOYEE PERSONNEL FILE (\$15 Fee, CASH only) <input type="checkbox"/> OTHER: _____ <span style="background-color: yellow; font-weight: bold; font-size: small;">EMPLOYEE MAY ONLY PICK UP THEIR OWN EMPLOYEE PERSONNEL FILE DOCUMENTS.</span>
_____ (Ex: start/end date, employment status, salary, position, etc.)
*** PROCESSING TIME FOR REQUEST: 3-5 BUSINESS DAYS FROM THE DATE RECEIVED – DURING HIGH VOLUME PERIODS AND UNFORESEEN CIRCUMSTANCES, EXPECT THE PROCESSING TIME TO BE DELAYED – VERBAL VERIFICATION IS NOT PROVIDED.
ADDITIONAL INFORMATION (For further explanation, please use this space to leave a message to HR if needed)
<b>NOTE:</b> _____ _____

**SECTION 4: IMPORTANT INFORMATION - RETURNING DOCUMENTS**

**RETURNING OPTION** (Required - circle one):      **E-MAIL/E-FAX**                      **MAIL**                      **IN-PERSON PICK-UP**  
**BACKUP OPTION** (Required - circle one):      **E-MAIL/E-FAX**                      **MAIL**                      **IN-PERSON PICK-UP**

ONLY FILL IN THE PORTION PERTAINING TO THE MARKED OPTIONS

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**OPTION 1: E-MAIL/E-FAX**

E-MAILS CONTAINING SENSITIVE AND CONFIDENTIAL INFORMATION MAY BE ENCRYPTED. PLEASE ONLY USE SUSD/PERSONAL EMAIL OR PERSONAL E-FAX. REQUESTS FOR DOCUMENTS TO BE SEND TO RECIPIENT COMPANIES/AGENCIES CANNOT BE SEND OUT BY HR UNLESS IF HR RECEIVED THE DOCUMENTS DIRECTLY FROM THE COMPANIES/AGENCIES. THIS MAY ONLY APPLY TO SOME DOCUMENTS.

**E-MAIL:** \_\_\_\_\_ **E-FAX** \_\_\_\_\_

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**OPTION 2: MAIL**

RETURNING DOCUMENTS CONTAINING SENSITIVE AND CONFIDENTIAL INFORMATION MAY BE MAILED BY CERTIFIED MAIL TO THE PERSONAL MAILING ADDRESS PROVIDED BELOW, HUMAN RESOURCES WILL NOT BE RESPONSIBLE FOR ANY LOST OR STOLEN MAIL.

**MAILING ADDRESS:** \_\_\_\_\_

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**OPTION 3: IN-PERSON PICK-UP**

**\*\*\*DOCUMENTS FOR PICK-UP WILL BE HELD FOR 30 DAYS AFTER DATE OF CONTACT AND MAY BE DISCARDED IF NOT PICKED-UP ON TIME.**

**I WILL BE PICKING UP MY OWN FORMS/DOCUMENTS** (circle one or more that is applicable to you):

**YES**                      **NO**                      **BACKUP**

***IF marked NO, or IN-PERSON PICK-UP WAS YOUR FIRST OPTION, and/or placed BACKUP:***

TO REQUEST FOR ANOTHER PERSON TO PICK-UP ON YOUR BEHALF, PLEASE PROVIDE THEIR FULL LEGAL NAME BY ID AND THEIR PRIMARY PHONE NUMBER BELOW. HR WILL NOT CONTACT THE INDIVIDUAL LISTED BELOW FOR PICK-UP, THIS INFORMATION WILL ONLY BE USED TO VERIFY THEM DURING PICK-UP FOR SECURITY PURPOSES. HR WILL CONTACT THE EMPLOYEE DIRECTLY FOR NOTIFICATION OF PICK-UP.

**I REQUEST THE INDIVIDUAL BELOW THAT I KNOW AND TRUST TO PICK UP MY FORMS/DOCUMENTS THAT MAY CONTAIN MY SENSITIVE AND CONFIDENTIAL INFORMATION:**

**FULL NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**(PRINT)**                      **\*\*\* EMPLOYEE REQUESTING CAN ALWAYS PICK-UP THEIR OWN DOCUMENTS IF THEIR BACKUP IN-PERSON PICK-UP OPTION FAILS**

**SECTION 5: AUTHORIZATION AGREEMENT**

I, \_\_\_\_\_ (PRINT First and last name) hereby **AUTHORIZE** for my employment information to be released. I understand that the district is not responsible if my sensitive and confidential information gets misplaced and/or misused after being released to me by mail or to the individual listed above, I am responsible for any of my lost information, forms and documents.

**By signing this Verification Request Form, I have acknowledged that my information will be release and I understand SUSD processing and procedures of VOE (verification of employment/experience) requests from SECTIONS 1-5.**

**X** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**SIGNATURE (Required)**

PLEASE RETURN THE FORM IN A PDF FORMATT ONLY - PHOTOS FROM A MOBILE CELL PHONE WILL NOT BE ACCEPTED AND NOT CONSIDERED VALID. FORM MUST BE SIGNED OR HAVE AN OFFICAL ELECTRONIC TIME-STAMP SIGNATURE FOR IT TO BE CONSIDERED VAILD.                      Revised 01/26/2023                      A.Y.