



REQUEST FOR EMPLOYMENT VERIFICATION FORM

To expedite the employment verification process, please complete the following information and submit this form to the Human Resources Office; 2802 N. 5th Street, St. Augustine, FL 32084. You may fax this request to (904) 794 – 7602.

Employee's Name: _____

Social Security #: _____ **Phone Number:** _____

Please indicate the information that needs to be verified in the letter by checking the appropriate space(s) below:

Dates of Employment

Position Title

Wage and Earnings Statement

Other: _____

I give my authorization to release this information to the following location(s):

Fax #: _____ Attn: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SIGNATURE: _____ **DATE:** _____ **PHONE #:** _____

This request will be processed within five to seven business days from the date it is received, and will be available for pick up in the reception area of the Tlay Office.

If you have any questions regarding your request for employment verification, please contact Human Resources at (904) 794-7601 Ext: 105 (email: l.bazile@tlayhealthcare.comcastbiz.net)

2802 N. 5th Street • St. Augustine, FL 32084

Phone: 904-794-7601 Fax: 904-794-7602

Email: l.bazile@tlayhealthcare.comcastbiz.net • www.tlayhealth.com