



VERIFICATION OF FULL-TIME EMPLOYMENT

As is evidenced by the signature below, _____ has given us permission to verify full-time employment with your institution. We would appreciate your completing as much information as you can with regard to the individual. The information you provide substantiates salary decisions for this individual so it is vital and would be appreciated as soon as possible.

Thank you for your assistance in this matter.

Florida SouthWestern State College, Human Resources
Direct: (239) 489-9293
Fax: (239) 489-9041

I hereby authorize you to release the following information to the Human Resources Office, Florida SouthWestern State College.

Signature Last 4 of Social Security Number Date

Institution Name Position(s) Held

Dates of employment: From: _____ To: _____

What portion of this was considered a full-time load of teaching, counseling or librarian duty:

Courses taught: _____

Other comments: _____

I certify that, according to our records, the above information is accurate.

Signature Title Date