



## Release for Employment Verification

**Complete the following information:**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Form:     Pay Stub (Date) \_\_\_\_\_

Year-To-Date (Year) \_\_\_\_\_

Other \_\_\_\_\_

I hereby authorize SOUTHLAND UTILITY SERVICES, INC. to disclose all requested information regarding my wages, benefits, and employment status to: \_\_\_\_\_

Please hold to be picked up by: \_\_\_\_\_

Please mail to: \_\_\_\_\_

Please fax to: Attn: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please email to: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit form to the Human Resources/Payroll Coordinator.