

University of Illinois
Request for Verification of Employment

Section 1: To be completed by employee:

Employee's Name: _____ SS#: _____

Name at Time of Employment: _____

Former Employing Agency: _____

Department : _____ Phone #: _____

Street Address: _____

City and State: _____ Zip Code: _____

Signature _____ Date _____

Section 2: To be completed by employer:

Exact dates of employment: From _____ To _____

Employment Status: Full Time _____ Part Time _____

Permanent _____ Temporary _____

Percent Time: _____% Approximate Number of Hours Per Week: _____

List all leaves of absence without pay.

Dates: _____ Reason: _____

Dates: _____ Reason: _____

List the following information regarding employee's sick leave balances:

- 1) Hours/days earned and unused or hours/days to be counted as earned prior to January 1, 1984.

- 2) Hours/days earned and unused after January 1, 1984. Indicate if the employee was or was not paid for one half of this amount at termination.

Signature _____ Date _____

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Employees, please circle the address for the correct Human Resources office to send this form once it has been completed by the employer. Be sure to attach this page with the request form.

Employers, the purpose of this form is to verify that the employee has previous State of Illinois employment. The information provided in this form is used to determine whether the employee is eligible for time credit to vacation earnings, credit toward service awards, or sick leave balances transferred or restored. Please send this form to the address circled below upon completion.

University of Illinois at Chicago
401 Human Resources Building
715 S. Wood St.
Chicago, IL 60612

University of Illinois at Urbana-Champaign
Personnel Services Office
52 East Gregory Drive
Champaign, IL 61820

University of Illinois at Springfield
Human Resources
K-20
University of Illinois at Springfield
Springfield, IL 62794-9243