



Government of the Virgin Islands of the United States
DEPARTMENT OF HUMAN SERVICES

Office of Human Resources, Labor Relations & Payroll

JOB VERIFICATION REQUEST FORM

Please complete all sections below

NOTE: There is a 24 hour processing period on all job verification * ID must be presented when picking up

EMPLOYEE INFORMATION

Name: _____ Employee Number: _____
Telephone Number: _____ Address: _____
Email Address: _____ Job Title: _____
Activity Site: _____

THIS LETTER IS BEING DONE FOR:

Federal Credit Union (Circle one): Mid-Island Christiansted Frederiksted

G.E.R.S SNAP V.I. Housing Authority

Other: _____

OTHER INFORMATION:

How would you like to get your verification letter? (Circle one): In-Person pick up Email

Pick up Person (if other than the employee): _____

Is a NOPA needed? Yes No

Employee Signature: _____

Date: _____

FOR HR OFFICE USE ONLY

Prepared By: _____

Date Issued: _____

Comments: _____