

Electronic Completion and Submission Instructions:

- Follow the system prompts to complete and submit information to Insperity. **(Applicable to active employees only)**

Verbal Completion and Submission Instructions:

- Verbal verification: Contact the Insperity Hotline at 866-715-3552 option 5, to obtain dates of employment and last position held.

Paper Completion and Submission Instructions:

- Complete Employee Information – for employee being verified.
- Complete Forwarding Information – for entity requiring employment verification.
- Completed Verification Purpose(s) – reason(s) for the employment verification and employment information needed.
- Employee **MUST** sign and date form to authorize verification. **(No electronic signatures).**
- Submit completed verification form to:

Employment Verifications MC – C4.1.30

Insperity, Inc.

19001 Crescent Springs Dr.

Kingwood, TX 77339

employment_verifications@insperity.com or Fax: 866-390-4248

- For questions contact Employment Verifications at 281-312-7843 or 800-242-8893.

NOTE: Please allow Insperity two business days for processing.

Employee Information			
First Name	Middle Name	Last Name	
Home Mailing Address			
City		State	ZIP Code
Home Phone No.	Work Phone No.	Email Address	
Verification Purpose(s)			
<i>Reason(s) for the Verification (Check one or all that apply)</i>			
<input type="checkbox"/> Employment	<input type="checkbox"/> Co-Employment Relationship Letter	<input type="checkbox"/> Copy of Verification Previously Sent (Indicate in Other)	
<input type="checkbox"/> Immigration Letter	<input type="checkbox"/> Wage Statements: <i>(Specify dates)</i>	<input type="checkbox"/> Other: <i>(Specify reason):</i>	
<input type="checkbox"/> Mortgage (Year to Date Report)	From: _____ To: _____ <i>(mm/dd/yyyy)</i>		
<i>Employment Information Needed (Check all that apply)</i>			
<input type="checkbox"/> Dates of Employment	<input type="checkbox"/> Employee Name	<input type="checkbox"/> Status (PT or FT)	<input type="checkbox"/> Employer Name
<input type="checkbox"/> Position Title	<input type="checkbox"/> Employee Address	<input type="checkbox"/> Salary	<input type="checkbox"/> Employer Address
Forwarding Information			
<input type="checkbox"/> Employee Copy <i>(check box to request an employee copy)</i>			
<input type="checkbox"/> Fax	Fax Number:		
<input type="checkbox"/> US Mail	Mailing Address:		
	City:	State:	ZIP Code:
Employee Phone Number			
<input type="checkbox"/> Other Recipient Copy <i>(check box to request a copy for another person or company)</i>			
Contact Name or Company:			
<input type="checkbox"/> Fax	Fax Number:		
<input type="checkbox"/> US Mail	Mailing Address:		
	City:	State:	ZIP Code:

By signing below, I acknowledge that Insperity may release information regarding my employment to another contact person or company in the Forwarding Information section of this form.

Sign And Date Form		
Employee Signature	Date Signed (mm/dd/yyyy)	
Print Employee's Full Name	Last 4 Digits of Social Security No.	Insperity Employee ID No.
	OR	