



Texas Christian University

Employment Verification

Date: _____

To Whom It May Concern:

At the request of our employee _____, the following is provided: (print name)

Date of Hire _____

Job Title _____

Employee Type _____
Full-time / Part time

Employment Status _____
Active/ Inactive/Terminated

Termination
Date _____

Should you require additional information, please submit the request in writing and mail to TCU attn: Payroll Wage Verification, P O BOX 298200 Fort Worth Texas 76129. Please include a stamped self addresses envelope. Written verifications require a ten day turnaround following receipt of the verification request.

Signature

E-mail

Title

Phone number