Employment Verification Form

Employee Name:

Former Employer Name:

Position Held:

Tenure:

Rate:

Please verify if the above listed information is correct and provide validation or correction in the below designated area.

<table>
<thead>
<tr>
<th>Position Held:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
</tr>
<tr>
<td>To:</td>
</tr>
<tr>
<td>Rate of Pay per Hour or Annual Salary:</td>
</tr>
</tbody>
</table>

Please send this completed form to one of the following:

E-mail:  tnewell@morehouse.edu

Mail:  Morehouse College
       Gloster Hall, Suite 100
       Room 303
       Human Resources
       830 Westview Drive
       Atlanta, GA  30314

Fax:  (404) 614-6047

Form Completed by (print name):

Title:

Date: