



Vendor Employment Verification Request

Please print clearly.

Your Name: _____

Phone Number: _____

Participant Name: _____

Why do you need this request? _____

Check information needed: Hours Worked Wage History
 Pay Rate Start Date
 Termination Date Other: _____

Select delivery type:

Pick-up (at iLIFE office, Monday to Friday, 8:30 a.m. to 4:30 p.m.)

Mail to (include mailing address): _____

Fax to (include fax number): _____

By signing below, I acknowledge that my Employment Verification Request will be processed within 48 hours. The request will be delivered as specified above.

Vendor Signature: _____ Date: _____