



CSU Channel Islands/University Auxiliary Services



EMPLOYMENT VERIFICATION FORM

SECTIONS I & II - TO BE COMPLETED BY EMPLOYEE

SECTION I

Date: _____

Unit # (if assigned) _____

Employee Name: _____

Campus ID #: _____

Email address: _____

Phone #: _____

I hereby authorize the release of my employment information.

Signature of Employee

Date

SECTION II

Please select your employer and send form via fax or email listed below:

CSU Channel Islands Employee

- Fax to: 805/437-8491
- Email to HRServices@csuci.edu

OR

University Auxiliary Services Employee

- Fax to: 805/437-2054
- Email to Michele.naveau@csuci.edu

Employer:
Email completed form to the leasing office at uga@esring.com and a copy to the employee.

SECTION III – TO BE COMPLETED BY EMPLOYER
EMPLOYMENT INFORMATION

Employee Name: _____ Job Title: _____

Current Employee

Future Hire Date: _____

Eligible for Housing Program?

Yes

No

SECTION IV – VERIFYING SIGNATURE

Authorized Signature:	Title:
Printed Name:	Date: