Delgado
COMMUNITY COLLEGE

Education that Works!

615 City Park Avenue
New Orleans, LA 70119
www.dcc.edu

VERIFICATION OF EMPLOYMENT

Employee's Name: _____

Employee's SSN: _____

The above named individual has applied for or accepted employment with Delgado Community College. An employment history must be verified and attached for salary calculation. Please provide the information requested below:

Dates of Employment: From: _____   To: _____
                         Full Time: _____   Part-Time: _____

Title and Classification at the time of separation: _____

Ending Salary: _____

Reason for leaving: _____

Is the employee eligible for re-employment? _____ Yes   _____ No

STATE AGENCIES please complete the following additional information:

Retirement System: _____

                          Refunded? _____ Yes _____ No

Leave: Annual: _____ Hrs. Paid   _____ Hrs. Unpaid
                          Sick: _____ Hrs. Unpaid
                          Accrual Rate: _____

Adjusted Service Date: _____

Civil Service Anniversary: _____

_____
Employer Name

_____   _____
Print name of person completing form   Date

_____   _____
Signature of person completing form   Telephone number

Please fax completed form to _____ at fax #: _____.
Thank you for your assistance.