

**PHI Federal Credit Union**  
**P. O. Box 82405**  
**Lafayette, La 70598-2405**  
Phone (337) 233-2274 Fax (337) 232-0026

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

FOR EMPLOYEE ONLY:

NAME OF COMPANY \_\_\_\_\_

I have applied for a loan and stated that I am employed by you. My signature below authorizes verification of this information.

Name and Address of Applicant:

Signature of Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee # \_\_\_\_\_

For Credit Union or Employer ONLY

1. Do you employ applicant?

YES or No

5. Base Pay:

\_\_\_\_\_

2. Length of applicant's employment

\_\_\_\_\_

6. Name of Immediate Supervisor:

\_\_\_\_\_

3. Employment Status:

\_\_\_\_\_

7. If on probation, give reason:

\_\_\_\_\_

4. Position or Job Title

\_\_\_\_\_

8. Any wage assignments or  
garnishment? YES or NO  
Monthly Amount \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

This form is to be transmitted directly to the PHI Federal Credit Union and is not to be transmitted through the applicant or any other party.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For Credit Union Office only

Salary Verified By: \_\_\_\_\_ Date \_\_\_\_\_