



INFORMATION REQUEST/ CHANGE/ HOLD CHECK FORM

PART A: Must Be Completed

Name: _____ Social Security Number: _____

Phone Number: _____

***Please Note: It may take up to 5 business days to complete your request/ change. You are authorizing EMPLOYMENT SOLUTIONS to release your request or update your information.**

X _____
Signature _____ Date _____

PART B: Request For Information

Paystubs between: _____ and _____

Payroll Summary between: _____ and _____

W-2, Tax Year: _____

Please check one:

Verification of employment

Verification that you are *no longer* employed

Other: _____

Please check one:

I will pick up the requested information at my local **EMPLOYMENT SOLUTIONS** branch office.

E-Mail this information to: _____

Fax this information to: _____ Attn: _____

***Please Note: If you do not select an option above, the information will be held at your local EMPLOYMENT SOLUTIONS branch office.**

PART C: Request To Change Information

Name: _____ Mailing Address: _____

Phone Number: _____

PART D: Hold Check Request

Date Held: _____ **EMPLOYMENT SOLUTIONS** Representative Name: _____

Date Picked Up: _____ Employee's Signature: _____

Date Mailed: _____ **EMPLOYMENT SOLUTIONS** Representative Name: _____