

# Request of Employment Status and Salary Form

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. When were you employed by DeSoto County Schools?

From: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

To: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

2. Are you a current or previous employee? \_\_\_\_\_

3. What position ?  
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Information requesting. Please Check one:

Employment Verification \_\_\_\_\_ Salary Information \_\_\_\_\_ Both \_\_\_\_\_

6. Name and address information is to be sent to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Fax Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**Request forms are to be sent to:**

**Lisa Booth  
Systems Coordinator  
Employee Services Department  
5 East South Street  
Hernando, MS 38632  
Phone: 662-449-7100  
Fax: 662-449-7236**

**PLEASE ALLOW 8-10 BUSINESS DAYS FOR PROCESSING**