Parking & Transportation
University of California, Berkeley
2535 Channing Way #5740
Berkeley, CA 94720-5740
(510) 642-4283 • FAX (510) 642-9004 • prktrans@uclink4.berkeley.edu
http://www.berkeley.edu/transportation

EMPLOYMENT VERIFICATION FORM

Effective July 1, 2000, all new Parking & Transportation customers must submit a copy of their Personnel Action Form (PAF) along with their signed applications. Please have your authorized Department Payroll Representative sign and complete this form in lieu of a PAF if you do not have a copy. When the PAF does become available, a copy must be faxed to Parking Administration at (510) 642-9004.

Please fill out each item. Incomplete forms will not be accepted.

Name: _____
last first middle initial

Employee ID # _____ **OR Social Security Number:** _____
(must provide at least one i.d. number)

Start Date: _____ **End Date:** _____
("Indefinite" if no end date)

Appointment Type Code: (check one)

❑ **Contract** ❑ **Career** ❑ **Casual** ❑ **Casual Restricted** ❑ **Academic**

Title: _____ **Title Code:** _____

Please have your Department Payroll Representative complete the following:

I am the above-named employee's Department Payroll Representative, and I verify that the above information is correct to the best of my knowledge. I will fax a copy of this person's Personnel Action Form to Parking Administration as soon as it is available.

_____ _____
Signature of Department Payroll Rep. Date

_____
Name (please print)

_____ _____
Campus Phone Number E-Mail Address