

CEDARS-SINAI FEDERAL CREDIT UNION

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VERIFICATION OF EMPLOYMENT
(Non Cedars-Sinai Health System employees)

Before any decision can be made in granting your request for a loan, your employment must be verified. Please have your employer complete this form, and submit it along with your loan application. We also need 2-months' worth of pay stubs in order to expedite the processing of your application.

EMPLOYER: _____

Name of Employee: _____ Social Security # _____

Employee Signature: _____ Date: _____

Date of Hire: _____ Hourly Wage: _____

Full Time Part Time Casual Per Diem

Position Held: _____ Gross Mo. Sal: _____

Verification completed by Print _____ Sign: _____

Title: _____ Date: _____ Phone #: _____