

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

VERIFICATION OF RECKONABLE SERVICE FORM

Name: Date of Appointment:

Post Title: Place of Work:

Manager: Contact Details:

Previous Service with:

Total Service: (years / months)

Documents produced for verification:
.....(copies attached)

Agreed: Date:
Signed (Manager)

Agreed: Date:
Signed (Employee)

Salary Purposes:
Previous service with:

Documents produced for verification:
..... (copies attached)

Agreed: Date:
Signed (Manager)

Agreed: Date: Signed
(Employee)

PLEASE ENSURE THAT ALL VERIFICATION EVIDENCE IS ATTACHED TO THIS FORM