

Employment Verification Request Form

Name: _____
Last First Middle

Last 4 digits of SS Number: XXX-XX-_____ Incl. Salary: Yes No

Employed: From _____ To: _____

Title _____

Department: _____ Extension: _____

Email Address: _____ Daytime Phone Number: _____

Is this employment verification for pension purposes? Yes No

If yes, which is your pension plan? (Please circle one)

NYCERS NYC- TRS NYS -TRS Other: _____
(Please specify)

___ I give my permission to release confidential information.

___ I do not give permission to release confidential information.

To: _____

Signature of Requester: _____ Date: _____

**For confidentiality reasons, information not claimed by employee within
2 weeks will be shredded and discarded.*

****PLEASE ALLOW UP TO SEVEN (7) BUSINESS DAYS,
FROM THE DATE OF SUBMISSION FOR EFFICIENT
PROCESSING.**