

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?		
NYCERS	NYC-TRS	NYS-TRS
	(Please circle one)	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.**