



65 Court Street
 Brooklyn, NY 11201
 Tel: (718) 935-4000
<http://schools.nyc.gov>

EMPLOYMENT VERIFICATION REQUEST FORM

(IF COMPLETING FORM ONLINE, USE THE TAB KEY TO NAVIGATE BETWEEN FIELDS)

Please complete the form and submit – along with any third-party forms – to the responsible party indicated on the website (schools.nyc.gov/offices/dhr/employmentverification). Should you have questions concerning the completion or submission of the form, please call HR Connect at (718) 935-4000. Note: Fields denoted by an asterisk (*) must be completed.

SECTION 1: EMPLOYEE INFORMATION					
This section must be completed so that we may access the employee's records.					
* Employee's Name (Last, First, Middle Initial):		* Title:		* File # or Employee ID:	
* School # / Office Location:	Daytime Phone #:		Fax # (optional):	Email Address:	
Home Address:		Apt #:	City:		State: Zip:
SECTION 2: THIRD-PARTY INFORMATION					
This section should be completed <u>only</u> if a third-party is to receive the verification.					
Third-party Contact Name:			Company or Institution:		
Daytime Phone #:		Fax #:		Email Address:	
Address:		Suite #:	City:		State: Zip:
SECTION 3: VERIFICATION TYPE					
Check the box(es) to indicate what information you are requesting and how you would like it sent.					
<input type="checkbox"/> Title of Employee	<input type="checkbox"/> Current Salary		<input type="checkbox"/> Date of Hire		<input type="checkbox"/> Date Tenure Received
<input type="checkbox"/> Date of Separation (retirement, resignation)		<input type="checkbox"/> Earnings for a Specific Period: From _____ –to– _____			
<input type="checkbox"/> Other (please specify): _____					
How would you/the third party like to receive the requested information (please select only one)?					
<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Other (please specify): _____					
Additional Information/Unique Requests: _____ _____					
SECTION 4: EMPLOYEE SIGNATURE					
The employee must provide his/her signature, authorizing release of his/her employment information, before this request can be fulfilled. Even if you are a third-party placing the request, you must obtain the employee's signature, either on this form or in the authorization section of your company's form.					
I authorize the New York City Department of Education to release my employment information as indicated above.					
Employee's Signature: _____					
*By Signing This Form, You Grant The DOE Permission To Send Any And All Details Related To Your Job History With The DOE. Date: _____					