Department of Education

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). HR Connect does not fill out third party forms. 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# ◯ *EmplID

* 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 **only** if a third-party is to receive the verification.

Third-party Contact Name: Company or Institution:

Daytime Phone **#:** Fax **#** (optional): 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.

☐ Title of Employee ☐ Current Salary ☐ Date of Hire ☐ Date Tenure Receive ☐ Date of Separation (retirement, resignation)

☐ How would you/the third party like to receive the requested information (please select **only one**)?

☐ Email ☐ Fax ☐ Mail ☐ Other

Additional 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 informationBy Signing This Form, You Grant The DOE Permission To Send Any And All Details Related To Your Job History With The DOE.

Employee's Signature_____.