

Employee's Signature

HR Connect: (718) 935-4000

http://schools.nyc.gov

EMPLOYMENT VERIFICATION REQUEST FORM

Please complete the form and submit - along with any third-party forms - to the responsible party indicated on the website (https://infohub.nyced.org/resources/employee-info/employment-verification).

NOTE: HR Connect DOES NOT fill out third party forms. Fields denoted by an asterisk (*) must be completed.

Please call HR Connect at (718) 935-4000 for questions concerning the completion or submission of this form.					
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 <u>only</u> if a third-party is to receive the verification.					
Third-party Contact Name: Company or Institution			tion:		
Daytime Phone #: Fax # (option	nal): Email	Address:			
Address		Cuitally City		Otata	710.
Address:		Suite#: City:		State:	ZIP:
SECTION 3: VERIFICATION TYPE Check the box(es) to indicate what inform	mation you are reque	esting. You will receive your r	eport via email.		
Service History Currer	nt Salary	Salary History	Date of Hire	Date Tenu	re Received
Additional Requests:					
SECTION 4: EMPLOYEE SIGNATURE					
The employee must provide his/her signature third-party placing the request, you must obta					
I authorize the New York City Department of Send Any And All Details Related To Your Jo	Education to release m	y employment information. (By S			