



65 Court Street
 Brooklyn, NY 11201
 Tel: (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 (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 **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.

- Service History Current Salary Salary History Date of Hire Date Tenure Received

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 information. (By 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 _____