



EMPLOYEE VERIFICATION REQUEST FORM

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

Please complete this form and submit – along with any third-party forms – either by mail (Department of Human Resources) or fax (516-997-2051), attention Susan Fiorillo, or via email (sfiorillo@nasboces.org). Should you have questions concerning the completion or submission of the form, please contact Human Resources at 516-396-2337.

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		*Employee ID
*School/Office Location		Daytime Phone #:		Fax # (optional):	
Home Address:		Apt. #:	City:		State:
					Zip:
Employment type: 10 month 12 month Part-time Full-time Substitute					
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 #:		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/Pay Rate		Date of hire	
Date of Separation (retirement, resignation)		Earnings for a Specific Period: From to			
Days and Hours worked			Benefits and Eligibility		
Other (please specify)					
How would you/the third party like to receive the requested information? (please select only one)					
Email Fax Mail Other (please specify):					
Additional Information/Unique Requests:					

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 Nassau BOCES to release my employment information as indicated above.

Employee's signature:

Date:



Department of Human Resources

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