



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 (516-396-2383), attention Mary Beth Fasulo, or via email (mfasulo@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):		Email Address:
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	Location
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: