



Human Resources Division
 Employee Services Section
 75-20 Astoria Blvd, Suite 320
 East Elmhurst, NY 11370
 Phone: (718) 546-3150
 Fax: (718) 278-6083
 Email: HREmployeeServices@doc.nyc.gov

EMPLOYMENT VERIFICATION REQUEST FORM

Please complete this form and submit (along with any applicable third-party forms) to the Employee Services Unit of Human Resources. If you have any questions, please call (718) 546-3150 or email HREmployeeServices@doc.nyc.gov.

Note: Fields denoted by an asterisk (*) must be completed.

SECTION 1: EMPLOYEE INFORMATION					
This section must be completed so that Human Resources can access the employee's records.					
* Employee's Name (Last, First, Middle Initial):		* Rank / Title:		* Employee Reference #:	
* Date of Birth	* Telephone #:	* Facility / Division:	Email Address:		
* Street Address:		Apt #:	* City:	* State:	* Zip Code:
SECTION 2: THIRD-PARTY INFORMATION					
This section should be completed only if a third-party is to receive the verification.					
Third-Party Contact Name (Last, First):			Company or Name of Requesting Entity:		
Contact Telephone #:		Fax #:	Email Address:		
Street Address:		Suite / Floor:	City:	State:	Zip Code:
SECTION 3: VERIFICATION TYPE					
Place a check mark in the appropriate box(es) to indicate the type of information you are requesting. You MUST INITIAL each area you check off. Failure to initial each area checked off may cause a delay in processing your request.					
<input type="checkbox"/> Job Title History (Initial ____)	<input type="checkbox"/> Salary History (Initial ____)	<input type="checkbox"/> Hire Date(s) (Initial ____)	<input type="checkbox"/> Separation Date(s) (Initial ____)		
<input type="checkbox"/> Earnings for a Specific Period: From _____ to _____ (Initial ____)			<input type="checkbox"/> Other* (detail your request below): (Initial ____)		
*Additional Information / Special Requests					
Please use this area to provide additional information or details to help us process your request as efficiently as possible.					
Please indicate your preferred method of delivery (please limit to one (1) delivery option only).					
<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> In-Person Pickup* <input type="checkbox"/> Other (please specify): _____					
<small>* In-person pickup at DOC Headquarters requires a valid photo identification.</small>					
SECTION 4: AUTHORIZATION					
DOC Employees: Current and former DOC employees must sign this form in order for the Department of Correction to release information.					
Third-Party Representatives: If you are requesting information on behalf of a current or former DOC employee, the employee must sign this form or you must attach a signed release by the employee.					
By signing this form, I authorize the Department of Correction to release and transmit any information necessary to complete my request. I also release any and all liability onto the Department of Correction that may result on account of providing this information.					
I hereby authorize the New York City Department of Correction to release my employment information as indicated herein;					
* Requestor's Signature: _____			* Date: _____		
* Print Name: _____					
<small>Rev. 101816 v1.2</small>					
HR USE ONLY:					
VTN	DR	AT	PC	CNP/S	
_____	_____	_____	_____	_____	
_____	____/____/____	_____	H N	_____	