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OFFICE OF HUMAN  
RESOURCES

## Employment Verification Request Form

**Name:** \_\_\_\_\_  
Last First Middle

**Last 4 digits of SS Number:** XXX-XX-\_\_\_\_\_ **Incl. Salary:** Yes No

**Employed: From** \_\_\_\_\_ **To:** \_\_\_\_\_

**Title** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

**Is this employment verification for pension purposes?** Yes No

**If yes, which is your pension plan?** (Please circle one)

**NYCERS NYC- TRS NYS -TRS Other:**

(Please s