

PATERSON PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCE SERVICES
90 DELAWARE AVENUE
PATERSON, NJ 07503
OFFICE: (973) 321-0744
FAX: (973) 321-2405

Letter of Employment Verification Request

(Please complete entire form and check appropriate areas in order to prevent a delay in your request being completed)

Personal Information:

CHECK ONE: Current Employee () Former Employee ()

Name of Employee: _____

Any former (maiden) names by which the employee has been identified: _____

FORMER employee **ONLY** approximate dates of employment: _____

Last 4 digits of employee's Social Security Number: _____

Phone number: _____

Check information request in the letter:

(Please check what applies)

Date of hire: ()

Salary: ()

Title: ()

Break down of positions held: ()

Months worked within the year: ()

Other:

Please specify: _____

Method of forwarding letter (check one):

Mailing address: _____

Fax number: _____

Picking up: (you'll be called once the letter is available)

***Please note request will be completed in 2-3 business days.**

Signature

Date