

Passaic Public Schools
Division of Human Resources

VERIFICATION OF EMPLOYMENT REQUEST FORM

Employee's Last Name _____ Employee's First Name _____
Employee's Phone Number _____ Employee's Email Address _____

All verifications of employment will be provided electronically. Please provide the following information:

Agency's Name _____
Recipient's Name _____ Recipient's Phone Number _____
Recipient's Email Address _____

The verification of employment will include the following information and a copy of your current employment contract:

- 1. Employee Name
- 2. Date of Hire
- 3. Title
- 4. Assignment
- 5. Contract Year (September 1 through June 30)
- 6. Total Salary

The employee will be copied when the request is completed.



By signing below, you hereby grant permission to the Division of Human Resources to forward your contractual information to the recipient indicated above.

Employee's Signature _____ Request Date _____

Please forward this form to hrservices@passaicschools.org for processing.