THE SCHOOL DISTRICT OF PHILADELPHIA

440 N. Broad Street, Suite 177
Philadelphia, PA 19130

Phone: 215- 400-4600 #7
Fax: 215-400-4781

Employee Records

Employment Verification and Records Request Form

Employee Information- Please print *legibly*!

Current Employee?: □ Yes □ No

_____   _____   _____-_____-_____
Last Name   **First** Name   **Social Security Number**

_____   _____
Street Address   **Employee ID Number**

_____ _____ _____ _____-_____-_____   _____
City   State Zip   **Phone**   **Position**

Type of Request – Be specific, **what do you want and why**? Use comment section to provide more details.
If you also need a form completed, please attach.

Employment Verification:
□ Verification   (current position & start/end dates only)
□ 10mth Verification (Jul/Aug) (accepted June 1- Sept 30)
□ Child Care/CCIS (provide your specific hours worked)
□ Immigration
□ Tenure
□ Prior Experience* *If you worked prior to 2000, list years:_____
□ Buy Back Time*   Also provide maiden name if applicable:_____
□ Social Security/Disability/Insurance   Date of Injury: _____
□ Accident   Date of Accident: _____

Personnel File:
□ Entire file - Current Employees (permitted one per year)
    - Prior Employees 7.50 money order
□ Documents since last request   Date: _____
□ Specific Document(s) Only
□ Certification/Transcript
□ FBI Check
□ Criminal Check
□ Child Abuse Check
□ Unsatisfactory
□ Other _____

Addition Information: _____
_____

1-3 Business Day Turnaround for most requests. 5 or more possible for Prior Experience, Buy Back, Injury Claims
We will process your request as soon as possible and in date/priority order.

How do you want to get the document back?:   We will mail it to the address indicated above unless otherwise specified below. □
Fax to:_____   Attention: _____
□ Send to an Agency/Organization indicated on attached form, or address provided below:

 Agency/Name: _____   Attention: _____

 Street Address: _____ City: _____ State: _____ Zip Code: _____

Please note: All Childcare and Housing forms will be submitted directly to the office requiring the information.

Authorization: We cannot process without your signature.
I hereby authorize the School District of Philadelphia to release, to the agency or person identified above, any
information regarding my position, salary, and length of employment(start/end date) as indicated above.

Employee Signature:_____ **Date**: _____