

NATIONAL INTERAGENCY FIRE CENTER  
CASUAL PAYMENT CENTER  
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354  
PHONE: 877-471-2262 FAX: 208-433-6405

**EMPLOYMENT VERIFICATION REQUEST FORM**

Check one:  BIA  BLM  FWS  NPS

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
.....

**I would like to request my:**

- Year-to-Date Employment Summary for year(s) \_\_\_\_\_  
*\*If no year is indicated, current year will be assumed.*
- Last Wage and Earnings Statement
- Other: \_\_\_\_\_

**I give my authorization to release this information to the following location(s):**

Fax #: \_\_\_\_\_ Attn To: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
.....

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**APPROVING OFFICIAL / POINT OF CONTACT USE ONLY**

Casual's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Year-to-Date Employment Summary for year(s) \_\_\_\_\_  
 Last Wage and Earnings Statement  
 Other: \_\_\_\_\_  
Print AO or POC Name: \_\_\_\_\_  
AO or POC Signature: \_\_\_\_\_ Agency Fax #: \_\_\_\_\_

*Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.*

