



NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
 A SERVICE FIRST ORGANIZATION
 CASUAL PAYMENT CENTER MS 270
 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 #: _____

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