

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

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: _____

Email Address: _____

**Emails will be encrypted. Viewing on mobile device not recommended.*

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.
Revised 02/2022

