



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 - Springfield, Virginia 22151-2205
 703-426-3900 - 1-800-426-4208 - www.fcps.edu/ERFC

Employment Verification

Instructions: Complete Section I of this form and forward it to your former employer for verification of your prior employment. Upon return receipt from your prior employer, keep a copy for your own records, and send the signed original to ERFC at the address shown above. Note: You must submit a separate, signed form to ERFC for each prior employer, as applicable.

To Whom It May Concern:

I am currently employed with Fairfax County Public Schools (FCPS). Please assist me in verifying my prior employment so that I may apply that work experience for the purchase of service credit with the Educational Employees' Supplementary Retirement System of Fairfax County (ERFC). Please complete Section II below, sign and return this form to my attention at the address provided in Section I. Thank you.

Employee Signature

Date

I. Personal Data (To Be Completed by Employee ~ Please Print Clearly)

Last Name	First Name	Middle Initial	Maiden Name	Social Security Number
Street Address	Apt #	City		State Zip Code
Job Title / Position/s Held in Prior Employment			Date/s of Employment	
Job Duties				

II. Prior Employment Experience (To Be Completed by Prior Employer)

Date/s of Service		Length of Service <i>Cumulative</i>	Hours/Days Employed <i>(i.e. 7.5 hrs M-F)</i>	Position/s Held <i>(Job Title/Position)</i>
<u>Began</u> <i>Month/Day/Year</i>	<u>Ended</u> <i>Month/Day/Year</i>			

Type of Employment (Check all that may apply) **Compensation Type**

Full Time
 Part Time
 Temporary
 Substitute
 Paid Status-Full Time
 Other (Identify) _____

Is this former employee an eligible member of the former employer's retirement plan? Yes No

Is the former employer's retirement plan: Contributory Non-Contributory

If Contributory, has this former employee withdrawn contributions? Yes No

Authorizing for Employer (Please Print Name & Title)	Signature	Date
Employer (School /Company Name)	Street Address (School / Business)	
Phone Number	City	State Zip Code