



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 Springfield, VA 22151-2205
 703-426-3900 844-758-3793 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 records and send the **signed original form** to ERFC at the above address.
Please note: You must submit to ERFC a separate, signed form 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 to 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)

Please review the contact information noted below, and complete or correct details as necessary for your ERFC records

Last Name	First Name	Middle Initial	SSN (Last Four)
Street Address	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)

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

Type of Employment (Check all that may apply)

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If Contributory, has this former employee withdrawn contributions?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)	Employer Street Address	
Phone Number	City	State Zip Code