



HAUPPAUGE PUBLIC SCHOOLS

495 Hoffman Lane, P.O. Box 6006, Hauppauge, NY, 11788

VERIFICATION OF EMPLOYMENT SERVICE

Please fill in form completely and return via fax or email

Current Last Name		First Name		Former/Maiden Name
Address	City	State	Zip	Social Security Number
Telephone Number		Cell Number		

Items Requested:

Reason for request:

Information should be sent to:

Name _____

Address _____

City, State, Zip _____

Information should be sent via :

☐ Regular Mail

☐ Email: _____

☐ Fax: _____

Signature of Requestor

Date

Please allow 10-14 working business days for your request to be filled.

(631) 761-8218 • Fax (631) 265-9546 • Email: Personnel@hauppauge.k12.ny.us