



NATIONAL INTERAGENCY FIRE CENTER
 CASUAL PAYMENT CENTER
 A SERVICE FIRST ORGANIZATION
 1249 SOUTH VINNELL WAY, SUITE 108 BOISE, ID 83709
 PHONE: 877-471-2262 FAX: 208-947-3799

EMPLOYMENT VERIFICATION REQUEST FORM

To: CASUAL PAY SPECIALIST- EMPLOYMENT VERIFICATION

I, _____ would like to request my

- My Year-to-Date Employment Summary (if previous year, indicate year _____)
- Last wage and earning statement
- Other: _____

I give my authorization to release this information to the following location(s):

- Please fax to: _____ Attn: _____
- Please mail to: _____

Signed: _____ Date: _____

SSN: _____ Phone: _____

Department of Interior Agencies (BIA, BLM, FWS, NPS)	
APPROVING OFFICIAL USE ONLY	
Casual Name: _____ SSN: _____	
<input type="checkbox"/> Year to Date Employment Summary	<input type="checkbox"/> Last Wage and Earnings Statement
<input type="checkbox"/> Other _____	
Approving Official signature _____ Agency Fax # _____	

Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 USC Section 552a and for used described in System of Records Notice Interior/OS-85.