



**Did you know ERFCDirect is your online account portal?** Access your personal information at [www.erfc.direct](http://www.erfc.direct)



3110 Fairview Park Drive, Suite 300  
Falls Church, VA 22042  
703-426-3900 | [erfcension.org](http://erfcension.org)

## 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>
Began <i>Month/Day/Year</i>	Ended <i>Month/Day/Year</i>			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Full Time     Part Time     Temporary     Substitute

**Compensation Type**

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If Contributory, has this former employee withdrawn contributions?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