Verification of Employment Form

Current/Former Employees
Complete a Verification of Employment form. Form must be notarized

Mail completed notarized form to:
Chicago Public Schools
Employee Records
2651 W Washington, 2nd Floor
Chicago, IL 60612

You can also fax or email
request to:  Fax: (773) 553-1113
            Email: employeerecords@cps.edu

Former Employees
Former Employees will need to complete and notarize the Identity Protection Form.

Current Employees
Current Employees do not need to notarize this form if sent via your CPS email. A signature is required on the request form (no exceptions)

Processing Time 10 business days or more.

The verification of employment letter will include:

- Employee’s Name
- Current position/Last Title
- Dates of Service
- Salary, if requested

If additional information is needed, it must be specified on your form.
Verification of Employment

Purpose of Request (fill in blank area):

Please complete the following portion of this form to expedite your request:

☐ Current CPS Employee ☐ Former CPS Employee ☐ Teacher ☐ ESP Employee

Employee ID: __________________________ Name: __________________________

Former Name: __________________________

Please provide approximated dates of employment: __________________________

Mailing Address: __________________________

City: __________________________ State: __________________________ Zip Code: __________________________ Phone Number: __________________________

Email Address: __________________________

**Attention current CPS Employee, you DO NOT need to notarize this form if you are sending it via your CPS email. A signature is required on this form**

All employment verification forms submitted must include a notarized signature authorizing the Talent Office to release the information requested.

To be signed by the employee:

I understand that by signing below, I authorize the Chicago Public Schools to release the information contained above for the purpose(s) stated above. I understand that the information which will be released is for official use for the purposes stated above, and release of any further information will require a separate, specific release and authorization.

**Employee Signature: __________________________ Date: __________________________

Subscribed and sworn to before me this ______________ day of ______________, 20__

________________________________________
Notary Public

Please submit the form and documentation mail or fax
to: Chicago Public Schools
Employee Records
2651 W. Washington St,
Second Floor Chicago, IL
60612; GSR #034
Fax: 773-553-1113
Email: employeerecords@cps.edu
Talent Office Employee Records  
2651 West Washington Blvd 2nd Floor GSR #034  
Telephone (773) 553-4748 (HR4U)

Identity Protection Form  
(former employees must complete this form,  
not required for current employees)

To whom it may concern:

Due to Pursuant to our state’s Identity Protection Act (Public Act 096-0874), Chicago Public Schools is notifying you of the purpose for collecting and using your social security number. Providing your social security number is necessary because without it The Talent Office will be unable to locate the personnel records you requested on _____________ (Date). To protect your identification, we will secure your social security number from unauthorized access, and strictly prohibit any release of your social security number to unauthorized parties which would be contrary to state and federal law.

Please contact the Employee Services Unit at (773) 553-4748, for any additional information. Return completed form to address noted above.

Sincerely,

Talent Office  
Employee Records Department

Please sign and return for processing:

_________________________  ___________________________  ___________________________
Signature Date Social Security Number

We serve our children by serving you.