



BRIGHAM AND WOMEN'S HOSPITAL

Human Resources Department

Phone: 617-582-0100

Fax: 617-582-0165

EMPLOYMENT VERIFICATION REQUEST

I, _____, employee number _____

Here by authorize Brigham and Women's Human Resources department to furnish the following information to:

Requesting Agent _____

Address _____

Authorizing Signature _____

Date _____

Please allow two (2) business days for processing

Date of hire: _____

Position: _____

Standard hours: _____

Termination date: _____

Other (please specify): _____

I would like my verification letter:

- Mail it to my home address at _____
- Pick up at HR office: 801 Massachusetts Ave. Boston, MA 02118