



Department of Police - City of Chicago  
3510 South Michigan Avenue - Chicago, Illinois 60653

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## EMPLOYEE REQUEST FOR EMPLOYMENT VERIFICATION

I, \_\_\_\_\_, request that a letter of employment verification  
(PRINT NAME)  
is addressed to the following agency below:

Name of Agency: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Please forward a copy of this request to me at:**

My Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Employee Number or Star Number: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please contact the Office of Public Safety Administration-Human Resources Division, at (312) 745-5390 or 5310. Or, you can email this form to [Jermaine.hooks@chicagopolice.org](mailto:Jermaine.hooks@chicagopolice.org).