



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