

TEAMSTERS PENSION TRUST FUND

of Philadelphia and Vicinity

FOURTH AND CHERRY STREETS

PHILADELPHIA, PENNSYLVANIA 19106

(215) 923-6300

(800) 523-2846

VERIFICATION OF EMPLOYMENT

Name Social Security Number

states that he was employed by:

Name and Address of Employer

From: _____ To: _____

EMPLOYER'S STATEMENT

This is to certify that the above person was employed for the following periods:

Please state exact retirement date.

Periods of employment		Type of Work
From	To	

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

During each of the following calendar years, the above person was employed for at least 175 days:

During each of the following calendar years, the above person was employed for at least 100 days but less than 175 days:

Indicate during which of the above calendar years the person mentioned above was employed under a collective bargaining agreement with a Teamster Union (as defined in Pension Plan Article 1, Section E):

If you have no record of the employee, explain here:

I declare, under penalty of perjury, that the information set forth above is true and correct to the best of my knowledge, information and belief.

Name of Employer

Signature

Title

Dated: _____

Telephone #: _____