



FIRE DEPARTMENT • CITY OF NEW YORK
EMPLOYEE STATEMENT FORM

Page _____ of _____

TO:	FROM:	
SUBJECT:		DATE:

EMPLOYEE STATEMENT:

I affirm that all the facts set forth in this statement are true, complete and correct to the best of my knowledge and belief. I was directed by my supervisor to provide a true account of the matter(s) under consideration. The facts that I have provide are mine and were provided without being influenced by any other party or person. I understand this statement will be used for administrative purposes, and the information shall be subject to verification.

Employee's Signature: _____ Date: _____

Employee's Name (print): _____ S.S. #: _____

Witness' Signature: _____ S.S. #: _____