



Human Resources Department
 South Hall, Room 106
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Bronx Community College
 of the City University of New York
 2155 University Avenue
 Bronx, New York 10453

Employment Verification Request Form

This form is to be used as a formal request for an Employment Verification Letter from an employee of Bronx Community College Office of Human Resources, regardless of their current employment status. The policy of the Bronx Community College Office of Human Resources is to verify dates of employment, title, and salary only.

A. REQUIRED INFORMATION

Employee Name (Print Clearly) _____			
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	
CUNYfirst EMPLID _____	Department _____		
Phone Number _____ - _____ - _____	Job Title _____		
Cell Number _____ - _____ - _____	E-mail Address _____		

B. INFORMATION TO BE VERIFIED

Employment Status with the Bronx Community College Office of Human Resources:			
<input type="checkbox"/> Active (currently employed)			
<input type="checkbox"/> Terminated (not employed on a Research Foundation Project at the time of this request)			
I am requesting an Employment Verification Letter containing the following: <i>(Check all that apply)</i>			
<input type="checkbox"/> Position Title	<input type="checkbox"/> Start Date	<input type="checkbox"/> End Date	<input type="checkbox"/> Part-Time/Full-Time Status
<input type="checkbox"/> Bi-weekly Rate of Pay	<input type="checkbox"/> Hourly Rate of Pay	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Salary and Service Request
<input type="checkbox"/> Other _____			

C. DELIVERY INSTRUCTIONS

Send Letter To: Letters are addressed 'To Whom It May Concern' unless otherwise specified.				
<input type="checkbox"/> E-Mail <i>(please provide email address if different from above)</i> _____				
<input type="checkbox"/> Mail <i>(please provide address below if different from mailing address on file)</i>				
<input type="checkbox"/> Hold for Pick-Up <i>(you will be contacted via the phone number/e-mail address provided above when the letter is ready)</i>				
<input type="checkbox"/> Fax <i>(please provide fax number)</i> _____ - _____ - _____				
<input type="checkbox"/> Third Party Release/Pick-Up <i>(please provide the name and/or address below)</i>				
For third party releases or				
_____		_____		
<i>First Name</i>		<i>Last Name</i>		

<i>Street Address</i>	<i>Apt. Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

D. EMPLOYEE AUTHORIZATION

I hereby authorize the Bronx Community College Office of Human Resources to prepare an Employment Verification Letter, which will include the information I have indicated above.	
_____	_____
Signature	Date

