



Department of Human Resources
 South Hall, Room 106
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 F: 718.289.6000

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. Please submit this form to the following email address EmploymentVerification@bcc.cuny.edu and allow for 2 to 7 business days for completion.

Section A: Required Personal Data (Please print or type)

Name: _____
First Name *Middle Initial* *Last Name*
 CUNYfirst EMPLID: _____ Department: _____
 Home Phone: (____) ____ - _____ Job Title: _____
 Cell Phone: (____) ____ - _____ Email Address: _____

Section B: Information to be Verified

Employment Status with Bronx Community College of Human Resources:

- Active (Currently Employed)
- Terminated (Not Employed on a Research Foundation Project at the time of this request)

I am requesting an Employment Verification Letter containing the following: *(Check all that apply)*

Position Title	Start Date	End Date	Part-Time/Full-Time Status
Bi-Weekly Rate of Pay	Hourly Rate of Pay	Annual Salary	Salary and Service Request
Other _____			

Section C: Delivery Instructions

Send Letter To: **Letters are addressed 'To Whom It May Concern' unless otherwise specified.**

E-Mail *(please provide email address if different from above)*: _____

Mail *(please provide address below if different from mailing address on file)*

Hold for Pick-Up *(you will be contacted via the phone number/E-Mail address provided above when the letter is ready)*

Fax: _____ - _____ - _____

Third Party Release/Pick-Up *(please provide the name and/or address below)*

For third part releases: _____

<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>

Section 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.

Employee Signature: _____ Date: _____