



RESEARCH FOUNDATION  
 THE CITY UNIVERSITY OF NEW YORK  
 230 WEST 41<sup>ST</sup> STREET  
 NEW YORK, NEW YORK 10036

## Employment Verification Request Form

This form is to be used as a formal request for an employment verification letter from an employee of the Research Foundation of CUNY, regardless of their current employment status. The policy of the Research Foundation of CUNY is to verify dates of employment, title and salary only.

### A. REQUIRED INFORMATION

<b>Employee Name (print clearly)</b>	_____			
	<i>First, Middle Initial and Last Name</i>			
<b>Employee ID #</b>	_____	<b>Campus</b>	_____	
<b>Phone Number</b>	____-____-_____	<b>E-mail Address</b>	_____	

### B. INFORMATION TO BE VERIFIED

<b>Employment Status with the Research Foundation of CUNY:</b>				
<input type="checkbox"/> Active (currently employed)				
<input type="checkbox"/> Terminated (Not employed on a Research Foundation project at the time of this request)				
<b>I am requesting an employment verification letter containing the following:</b>				
<b><i>Check all that apply</i></b>				
<input type="checkbox"/> Position Title	<input type="checkbox"/> Start Date	<input type="checkbox"/> End Date	<input type="checkbox"/> Part-Time Status	<input type="checkbox"/> Full-Time Status
<input type="checkbox"/> Biweekly Rate of Pay	<input type="checkbox"/> Hourly Rate of Pay	<input type="checkbox"/> Annual Salary		

### C. DELIVERY INSTRUCTIONS

<b>Send Letter To: <i>Letters are addressed 'To Whom It May Concern' unless otherwise specified.</i></b>				
<input type="checkbox"/> Self ( <i>please provide address below if different from legal home address on file</i> )				
<input type="checkbox"/> Third Party ( <i>please provide Organization Name and Address Below</i> )				
<input type="checkbox"/> Hold for Pick-Up ( <i>You will be contacted at the phone number provided above when your letter is ready</i> )				
Street Address	Apt. Number	City	State	Zipcode
_____				
<b>For third party releases only:</b>				
_____				
Organization Name				

### D. EMPLOYEE AUTHORIZATION

I hereby authorize the Research Foundation of CUNY to prepare an Employment Verification Letter, which will include the information I have indicated above.	
_____	_____
Signature	Date