



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

Employee Name (print clearly) _____ (First, Middle Initial and Last Name)

Employee ID # _____ Campus _____

Phone Number _____ Email Address _____

B. Information to be Verified

Employment Status with the Research Foundation of CUNY

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 Status Full-Time Status Annual Salary Hourly Rate of Pay Biweekly Rate of Pay

C. Delivery Instructions

Send Letter To (Letters are addressed 'To Whom It May Concern' unless otherwise specified.)

Self (please provide address below if different from legal home address on file)

Third Party (please provide Organization Name and Address Below)

Hold for Pick-Up (You will be contacted at the phone number provided above when your letter is ready)

Street Address Apt. # City State Zip

For third party releases only _____ 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 _____