



OFFICE OF HUMAN RESOURCES

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## Employment Verification Request Form

Name: \_\_\_\_\_  
Last First Middle

Last 4 digits of SS Number: XXX-XX-\_\_\_\_\_ Incl. Salary: Yes  No

Employed: From \_\_\_\_\_ To: \_\_\_\_\_

As \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Is this employment verification for pension purposes? Yes  No

If yes, which is your pension plan? (Please circle one)

NYCERS NYC- TRS NYS -TRS Other: \_\_\_\_\_

(Please specify)

\_\_\_ I give my permission to release confidential information.

\_\_\_ I do not give permission to release confidential information.

To: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

*\*For confidentiality reasons, information not claimed by employee within  
2 weeks will be shredded and discarded.*