

Queensborough Community College

Office of Human Resources and Labor Relations

222-05 56th Avenue

Bayside, NY 11364

Tel: (718) 281-5755

Fax: (718) 631-6065

Request for Employment Verification

Name: _____

Address: _____

Telephone: _____

Email: _____

Title: _____ Dept: _____

I authorize the release of the following employment information (*please check*):

_____ Current Title

_____ Dates of employment

_____ Salary

_____ Statement of Earnings

Additional information: _____

Send prepared verification to:

Name/Organization: _____

Address: _____

_____ Send my copy of the verification to my home address (listed above), or

_____ notify me at _____ and I will pick up my copy in A-413.
(email address or telephone number)

Please Note: Signature is required for release of information

Signature: _____

Date: _____ Employee ID #: _____