

EMPLOYMENT / WAGE VERIFICATION REQUEST FORM
(PLEASE ALLOW A 5 to 7 DAY PROCESSING PERIOD FROM THE TIME OF YOUR REQUEST)
Submit all requests to: HRverify@hunter.cuny.edu

DATE: _____

NAME: _____

ADDRESS: _____
STREET APT.

CITY STATE ZIP

TELEPHONE #: () _____ - _____ EXT: _____

Empl ID: _____

SIGNATURE: _____

PLEASE CHECK ONE:
PICK UP: OR MAIL:

ADDITIONAL COMMENTS: _____

