

Cambridge Municipal Employees Federal Credit Union



Founded 1939

cambridgefcu.com

VERIFICATION OF EMPLOYMENT

Date: _____

TO BE COMPLETED BY EMPLOYEE:

PRINT EMPLOYEE NAME: _____

DEPARTMENT: _____

PERSONAL PHONE NO: _____

EMAIL ADDRESS: _____

TO BE COMPLETED BY HUMAN RESOURCES:

(TO BE COMPLETED BY AUTHORIZED HUMAN RESOURCE DEPARTMENT (HR) REPRESENTATIVE)

EMPLOYMENT START DATE: _____

PERMANENT FULL-TIME: _____ WEEKLY HOURS: _____

PERMANENT PART-TIME: _____ WEEKLY HRS: _____ PAID YEAR-ROUND? _____

I VERIFY THAT THE ABOVE EMPLOYEE INFORMATION IS TRUE AND ACCURATE:

NAME OF HR INDIVIDUAL COMPLETING VERIFICATION:

SIGNATURE OF HR INDIVIDUAL COMPLETING VERIFICATION