

DIGITAL DOCUMENT REQUEST FORM

PART A. IDENTIFICATION	
FIRST NAME:	LAST NAME:
EMPL ID:	OR Social Security No. (Last 4 Digits ONLY)
JOB TITLE:	DEPARTMENT:
PART B. DOCUM	MENTATION REQUESTED
available at https://www.york.cuny.edu/administra	re not accessible on the HR webpage . Most forms are ative/human-resources/forms, and can be submitted to HR k.cuny.edu). Contact Human Resources if unable to locate (
Duplicate W-2 for year(s)Duplicate Pay Stub(s) for check dated	
Annual Leave Request Form (processed	d)
Employment Verification Letter (please should be addressed)	e indicate information to be provided and to whom it
Other	
I certify that I am requesting that the Office of Hu document digitally via the Secure Document Porta	man Resources process and return the above indicated al.
Employee Signature:	Date: