

Employment Verification (Completed by Employer Only)

FROM: _____ **Case Worker Name:** _____
Telephone No: _____
Today's Date: _____
Please complete and return by: _____

Name of Employee: _____ SSN: _____ - _____ - _____

FOR CURRENT EMPLOYMENT

Date of Hire: _____ Job Title: _____

Av. Hrs per Week: _____ Current Rate of Pay: \$ _____ per _____

Frequency of pay: (circle one) Weekly Bi-weekly Monthly Semi-monthly

If this is new employment, the date of the 1st paycheck: _____

Please indicate if the employee has any of the following deductions:
 Share/Profit Sharing Retirement Fund/IRA Credit Union Account(s)
 Medical Insurance: Savings Bond(s) Mandatory Wage Assignment
(i.e., Child Support Assignment)
 Self Family

Do you anticipate any changes in rate of pay or hours? Yes (use back of form to explain) No

FOR TERMINATED EMPLOYMENT

Date of Termination or Leave of Absence: _____ *Circle One:* Permanent Temporary

Reason for Termination: _____

Actual Date Final Paycheck Received: _____ Gross Amount of Final Paycheck: _____

Did the employee receive money from any other sources? Y N If yes, please indicate source, type, & amount (i.e., severance pay, worker's comp, etc.): _____

Did the employee have medical insurance? Y N End Date? _____ COBRA Y N

COMPLETE THIS SECTION FOR BOTH CURRENT AND TERMINATED EMPLOYMENT

Please list the employee's gross wages for the last 4 weeks, and indicate all bonuses, tips, or commissions that are not already included in the gross wages. If the employee receives an Earned Income Tax Credit (EITC), indicate the amount of the credit.

| Actual Date Paid | Gross Wages | EITC | # of Hours | If not already included in Gross Wages... | | |
|------------------|-------------|------|------------|---|-------|------------|
| | | | | Tips | Bonus | Commission |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Additional Information Requested by the Department: Yes, see back of form for more details No

Signature & Title of Person Completing this Form

Date

Company

Telephone Number

Company Address

Fax Number

Thank you for your cooperation.