

Employment Verification (Completed by Employer Only)

FROM: _____ **Worker Name:** _____
Telephone No: _____
Today's Date: _____

Our agency requires employment and wage information concerning: _____
Please complete and return by: _____ **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: Credit Union Account(s)
 Share/Profit Sharing Retirement Fund/IRA Mandatory Wage Assignment
 Medical Insurance Savings Bond(s) (i.e., Child Support Assignment)
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: _____ 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

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.

If not already included in Gross Wages...

Actual Date Paid	Gross Wages	EITC	# of Hours	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

Company

Company Address

Date

Telephone Number

Fax Number

Thank you for your cooperation.