



Job & Family Services

Employment Verification Form

DUE BACK BY: _____

Employer: _____ Caseworker: notified
Address: _____ SPC: notified
City/State/Zip _____ Person Sending This Form: _____
Phone # _____ Date: _____
Fax # _____

Employee's Name: _____ Case #: _____
Start Date of EMPLOYMENT: _____ Last 4 digits of SSN#: _____
Number of Hours Employed Weekly: _____ Hourly Rate of Pay: \$ _____

By my signature below, I hereby authorize the following information to be released to determine eligibility for public assistance benefits:

_____	_____
Client's Signature	Date

Employer: Please answer all questions in the checked section(s):

BEGINNING EMPLOYMENT

Date employment began: _____ Date 1st pay due or received: _____
Position: _____ Hourly rate: _____ If salary, monthly gross: _____
Average number of hours scheduled per week: _____ (Please give estimate if new position or if hours vary)
Pay frequency: weekly bi-weekly monthly bi-monthly other _____
Is employee paid special incentive/bonuses/commissions outside regular pay? Yes No Tips? Yes No
If yes, how often _____ Expected amount per payment: _____
Effective date of insurance coverage: _____
Name of individuals covered: _____

ENDING EMPLOYMENT

Date employment ended: _____ Date Received & Gross amount of final pay: _____
Reason for termination: _____
If layoff, approximate date of expected recall: _____ Last date of insurance coverage: _____

Please report below gross earnings for each pay period from _____ to _____

Date paid: _____	Gross Earnings: _____	Date paid: _____	Gross Earnings: _____
Date paid: _____	Gross Earnings: _____	Date paid: _____	Gross Earnings: _____
Date paid: _____	Gross Earnings: _____	Date paid: _____	Gross Earnings: _____

Signature of person supplying information Title Phone Number Date

INSTRUCTIONS FOR THE COMPLETION OF THE EMPLOYMENT VERIFICATION FORM

Our agency has received information of a change in employment. On the reverse side, you will find an Employment Verification Form. To ensure that your case is updated in a timely manner, please complete the following:

- 1) Sign and date the enclosed Employment Verification Form. This gives your employer permission to release the requested information to our agency.
- 2) Take the form to your employer, and have them fill it out and return it by the due date listed on the form. If you are having difficulty getting your employer to complete, return this form to your assigned caseworker who will forward it to your employer.

To determine your eligibility for ongoing benefits, this form must be returned by the due date.

Failure to provide the requested information by the due date may result in a denial of your application or termination of your benefits. If you need assistance in obtaining this information, please contact your caseworker.