



Case Number

**Verification of Employment**

Participants Name

Dear Employer, Please complete this Verification of Employment form for the above-named participant in its entirety. If a section is not applicable, please use N/A.
Employer's Name Employer's Address

Please fill in the information below regarding the above-named participant				
Date of Hire / Start Date				
Hours Worked Per Week				
Hourly Rate of Pay				
How often Paid	Monthly	2x a month	Weekly	Bi-weekly
Day Paid				
Date of 1 <sup>st</sup> Paycheck				
Gross Amount of 1st Check				
Commission / Tip anticipated amount per paycheck?				
<b>*Temporary Employment</b>			Yes	No
If yes, estimated end date				
<b>*Subsidized Employment</b>			Yes	No
If yes, estimated end date				
Person Completing this form				
Name				
Title / Telephone number				
Signature				
Termination of Employment				
Date of termination				
Reason for termination				
Date of last paycheck				
Amount of last paycheck				

Please return form to:

Case Manager

Email

Fax



Please complete the following payroll history or provide payroll records with the following information for the participant.

Pay Date	Gross Wages	Tips/Commissions	Disability Pay	Vacation Pay	Bonus Pay

Please return form to:

Case Manager

Email

Fax