

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

LAST 4 DIGITS OF SSN: _____

This is to request employment information on _____
The employee has authorized the release of their income information in the appropriate area on the verification attached. The information is needed to determine appropriate services to the employee.

Please complete the form and return it by _____, in the enclosed pre-addressed envelope. If you should have any questions or require additional information, please contact

_____, [Name] _____, [Title] _____

at _____.
Thank you for your cooperation.
Very truly yours,

Name/Title
File Number _____

DO NOT
DISTRIBUTE

REQUEST FOR EMPLOYMENT VERIFICATION

Please return completed form to: _____ (GSW/EW File#) by _____ (Due Date)

EMPLOYEE AUTHORIZATION (To be completed by Employee)

I, _____ whose Social Security number is _____, authorize
(Employee's Name), (last 4 digits only)
my employer or designated representative to release the following information to _____
(Agency Name)
Employee's Signature: _____ Date: _____

EMPLOYMENT INFORMATION (To be completed by Employer)

☐ Person has no record of employment with my company/firm. (Skip Information & Sign Certification Section)

☐ Person is no longer employed with my company/firm. (Please provide most recent information)

Indicate: Last Date of work: _____ Reason for leaving: _____

GENERAL EMPLOYMENT INFORMATION (Please Print)

Employer/Company Name: _____ Telephone: _____
Employer Address: _____
Employee Worksite Address (if different): _____
Is this a temporary Employment Agency: ☐ No ☐ Yes, Assignment End Date: _____
Is Employment? ☐ Subsidized ☐ Unsubsidized ☐ OJT ☐ Self-Employment
(On-the-job Training)
Employee's Current Title/Position: _____ Date of Hire: _____
First Date of Work: _____ Is the Job Expected to last more than 30 days? ☐ Yes ☐ No

WORK SCHEDULE

This employee works: ☐ A set schedule ☐ A split shift ☐ A variable schedule
How often is Employee Paid? ☐ Daily ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a month ☐ Other
• If schedule varies, the number of hours ranges from _____ to _____ per week.
• If employee works a set schedule, please indicate the total hours worked per week: _____
per month: _____ and specify work schedule in the table below:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TO:	am pm	am pm	am pm	am pm	am pm	am pm	am pm

INCOME INFORMATION

Employee Earnings: \$ _____ ☐ Hourly ☐ Salary Employee is paid by? ☐ Check ☐ Cash
Does Employee receive?: ☐ Tips: \$ _____ ☐ Commission: \$ _____ ☐ Holiday Pay: \$ _____
Date last pay was received: _____ Gross amount of last check: \$ _____
Are any additional benefits expected (e.g. sick, vacation, etc.)? ☐ Yes ☐ No
If Yes, Date _____ \$ Amount _____ Period covered _____

RECORD OF GROSS EARNINGS FOR THE MONTH OF: ()

Period Ending From - To	Date Paid	Hours Worked	Gross Pay	Period Ending From - To	Date Paid	Hours Worked	Gross Pay

(You may include photocopies of payroll records, or computer/payroll printouts.)

CERTIFICATION OF EMPLOYER

I hereby certify under penalty of perjury that the information provided is true and correct according to our employee records and that I am the authorized party to give this information on behalf of my employer/company.

Name: _____ Title: _____ Phone: _____ Email: _____
(Print) (Position) (Optional)
Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____ Staff Name: _____ Agency: _____
Notes: _____