



**NOW YOU CAN AFFORD PEACE OF MIND**

Post Office Box 2583  
Atlanta, GA 30301-2583  
1-877 GA PEACH (427-3224)  
Fax 1-866-259-3404  
[www.peachcare.org](http://www.peachcare.org)

**EMPLOYER VERIFICATION OF EMPLOYMENT & INCOME**

**FAMILY ACCOUNT NUMBER:** \_\_\_\_\_

Dear Parent:

This form can be used for you and your employer to prove your employment and income. Here is how you can verify your employment and income:

1. Write your Family Account Number at top of each of these three pages
2. Fill out the "Authorization to Release Information" section at the bottom of this page
3. Hand this page along with the following pages to your Employer to fill out
4. Send all three pages to us or have your employer send them to us

**How can I send the completed papers?**

By fax: 1-866-259-3404

By mail: PeachCare for Kids®  
PO Box 2585  
Atlanta, GA 30301-2585

Sincerely,

PEACHCARE FOR KIDS®

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**AUTHORIZATION TO RELEASE INFORMATION – To be completed by Employee**

I \_\_\_\_\_ hereby authorize my employer to furnish complete information

Your Name

about my earnings to PeachCare for Kids®.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Witness Signature Date



**EMPLOYER VERIFICATION OF EMPLOYMENT & INCOME**

**FAMILY ACCOUNT NUMBER:** \_\_\_\_\_

**EMPLOYEE INFORMATION – To be completed by Employer**

a) Name and address of employee exactly as it shows in your records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee's Job Title: \_\_\_\_\_

c) Date of First Pay: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gross Amount of First Pay: \$ \_\_\_\_\_

d) Current Rate of Pay: \$ \_\_\_\_\_ Weekly Number of Hours of work: \_\_\_\_\_

e) Frequency of Pay: ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Daily

f) Day of week this employee is paid: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

g) Do you expect a change in the employee's pay? ☐ Yes ☐ No

If so, what change and when do you expect it?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

h) Is the employee terminated: ☐ Yes ☐ No

If so, for what reason: \_\_\_\_\_

Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date the employee was paid or will be paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

i) Did the employee change jobs? ☐ Yes ☐ No

If so, where?: \_\_\_\_\_

j) Total gross amount of the last pay check for this employee including vacation, severance or special pay: \$ \_\_\_\_\_



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## EMPLOYER VERIFICATION OF EMPLOYMENT & INCOME

**FAMILY ACCOUNT NUMBER:** \_\_\_\_\_

**EMPLOYEE INFORMATION CONTINUATION – To be completed by Employer**

k) Please complete the information below:

[illegible]

Name

Signature

Title

\_ ( \_ ) \_ - \_ / \_ / \_  
 Phone Number Date

Thanks for completing this information!

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