

# Summer Transition Program: Employment Verification

Use if no other written verification (paystubs, etc.) is available

Date: \_\_\_\_\_

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

Employee: \_\_\_\_\_

SSN: \_\_\_\_\_

Dear Sir/Madam,

The above named individual listed your company as their place of employment. In order to provide services to your employee, it is necessary that we verify his/her employment.

Please complete the questions on the reverse side as fully as possible. Please sign, date and return this information within      **days** to ensure services can be provided in a timely manner.

An authorization to release information, signed by \_\_\_\_\_, is included on this form.

Your cooperation is appreciated.

Sincerely,

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

\*\*\*\*\*

## Authorization to Release Information

I, \_\_\_\_\_, hereby authorize my employer to furnish complete information about my earnings to \_\_\_\_\_.

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Date

*If signed by an "X", person who witnesses the mark must sign below.*

\_\_\_\_\_  
Signature of Witness

## Employee Information

(a) Name and address of employee from your records: \_\_\_\_\_  
 \_\_\_\_\_

(b) Beginning date of employment: \_\_\_\_\_ Job title of the employee: \_\_\_\_\_

(c) Gross rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

(d) Number of hours per week this employee is scheduled to work: \_\_\_\_\_

(e) Employee is paid: daily: \_\_\_\_\_ weekly: \_\_\_\_\_ bi-weekly: \_\_\_\_\_ semi-monthly: \_\_\_\_\_ monthly: \_\_\_\_\_

Please complete the following for the last \_\_\_\_\_ weeks/months. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Tips (if applicable)

\*DO NOT include advance EITC payments in Gross Earnings

(a) Do you expect a change in pay?  Yes  No

If yes, what change do you expect? \_\_\_\_\_ when? \_\_\_\_\_

(b) If the employee is no longer employed, what was the last date this employee worked? \_\_\_\_\_

\_\_\_\_\_  
Signature and job title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

*(The person completing this form agrees to be contacted for clarification if needed)*