



EMPLOYMENT VERIFICATION
AUTHORIZATION RELEASE FORM

Date _____

I hereby authorize you to **submit/verify** the following information to **MURRY MANAGEMENT COMPANY**. Your prompt attention to this matter will be greatly appreciated.

Print Name _____

Applicants Signature _____

Name of Employer: _____ Supervisor Name: _____

Employer Phone #: _____ Employer Fax #: _____

VERIFICATIONS BELOW TO BE COMPLETED BY EMPLOYER ONLY

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EMPLOYER : Please complete/verify the following:

Employment

From _____ To _____ Position _____

Hours worked per week _____

GROSS Wages \$ _____ ☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually

Commission or Bonus? ☐ Yes (list average annual amount: \$ _____) ☐ No

Comments _____

Authorized by (**EMPLOYER** signature): _____

Title: _____ Date: _____

EMPLOYER Please fax this information to (717)569-6044 or email a scanned copy to RENT@MURRYCOS.COM. If you have any questions please call (717)569-0491.