

Employment Verification (Completed by Employer Only)

FROM: **Centralized Scanning Unit (CSU)**
P.O. Box 181
Concord, NH 03301

Eligibility Worker Name: _____
Telephone #: _____
Today's Date: _____

Please complete and return by: _____

FOR CURRENT EMPLOYMENT

Name of Employee: _____ SSN: _____ - _____ - _____
Date of Hire: _____ Job Title: _____
Av. Hrs per Week: _____ Current Rate of Pay: \$ _____ per _____
EIN: _____ If this is new employment, the date of the 1st paycheck: _____
Frequency of pay: (circle one) Weekly Bi-weekly Monthly Semi-monthly
Please indicate if the employee has any of the following deductions:
 Share/Profit Sharing Retirement Fund/IRA Credit Union Account(s)
 Medical Insurance: Savings Bond(s) Mandatory Wage Assignment
(i.e., Child Support Assignment)
 Self Family
Do you anticipate any changes in rate of pay or hours? Yes (use back of form to explain) No

FOR TERMINATED EMPLOYMENT

Name of Employee: _____ SSN: _____ - _____ - _____
Date of Termination or Leave of Absence: _____ *Circle One:* Permanent Temporary
Reason for Termination: _____
Actual Date Final Paycheck Received: _____ Gross Amount of Final Paycheck: _____
Did the employee receive money from any other sources? Y N If yes, please indicate source,
type, & amount (i.e., severance pay, worker's comp, etc.): _____
Did the employee have medical insurance? Y N End Date? _____ COBRA Y N

COMPLETE THIS SECTION FOR BOTH CURRENT AND TERMINATED EMPLOYMENT

Please list the employee's gross wages for the last 4 weeks, and indicate all bonuses, tips, or commissions that are not already included in the gross wages. If the employee receives an Earned Income Tax Credit (EITC), indicate the amount of the credit.

| Actual Date Paid | Gross Wages | EITC | # of Hours | If not already included in Gross Wages... | | |
|------------------|-------------|------|------------|---|-------|------------|
| | | | | Tips | Bonus | Commission |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Additional Information Requested by the Department: Yes, see back of form for more details No

Signature & Title of Person Completing this Form

Date

Company

Telephone Number

Company Address

Fax Number

Thank you for your cooperation.