

COUNTY DEPARTMENT OF HUMAN RESOURCES

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

EMPLOYMENT/LOSS OF WORK/INCOME VERIFICATION

RE: Employee _____	Date: _____
SS # _____	Case Name _____
Case # _____	Worker _____

**I. AUTHORIZATION FOR RELEASE OF INFORMATION**

The above named person receives or has applied for assistance and earnings information is needed to determine eligibility. Your cooperation in providing the requested information is appreciated.

- ☐ I, \_\_\_\_\_ give the Department of Human Resources permission to verify my income.
- ☐ Authorization for release is conveyed by signature on required department forms which provide explanations of the Federally mandated use of social security numbers.

**Please complete each section which has been marked on the front and back of this form.**

**II. GENERAL WAGE INFORMATION**

Please complete items checked with income information for \_\_\_\_\_ (Month/Year)

- ☐ Beginning date of employment \_\_\_\_\_.
- ☐ Hours expected to work per week \_\_\_\_\_.
- ☐ Wages per hour \_\_\_\_\_. If not paid hourly, wages per pay period \_\_\_\_\_.
- ☐ Overtime hours expected per week \_\_\_\_\_. Wages per hour \_\_\_\_\_.
- ☐ How often paid? ☐ weekly; ☐ bi-weekly; ☐ twice monthly; ☐ monthly; other \_\_\_\_\_.
- ☐ Date 1<sup>st</sup> check actually received by employee \_\_\_\_\_. Date pay period ended \_\_\_\_\_.
- ☐ Day of the week pay checks usually received by employee \_\_\_\_\_.
- ☐ Is employee covered by a health insurance program? ☐ Yes ☐ No If yes, name of insurance company \_\_\_\_\_.

**III. RECORD OF PAY**

- ☐ Provide information as indicated which was or will be paid in the month(s) of \_\_\_\_\_ in the space below. If additional space is needed use Section V on the back of this form. ☐ Information for additional months. Please use Section V on the back of this form.

Pay Period From - To	Date Pay Received	Gross Pay*	Hours Worked	Earned Income Credit	Tips/ Commissions**

\* Gross pay refers to the total wages earned before any deductions and includes the employee share of Social Security paid by the employer for the employee.

\*\* Report tips/commissions separately if not included in gross pay.

#### IV. LOSS OF INCOME

- ☐ Date employment ended  
☐ Reason for termination.  
☐ Is the loss of income ☐ Permanent or ☐ Temporary? If temporary, when do you expect the employee to return to work? \_\_\_\_\_ .  
☐ Date employee received final check \_\_\_\_\_ . Gross amount \$ \_\_\_\_\_ .  
☐ Will employee receive any vacation pay, retirement refund or other? ☐ Yes ☐ No If yes, what type? \_\_\_\_\_ Date received \_\_\_\_\_ Amount \_\_\_\_\_ .  
☐ Is employee eligible for any type of benefits from your company, such as extended insurance coverage, workers' compensation or other? ☐ Yes ☐ No If, yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
Name of insurance company \_\_\_\_\_.

#### V. ADDITIONAL RECORD OF PAY RECEIVED

Please complete with income information beginning with \_\_\_\_\_, and continuing to \_\_\_\_\_.

Pay Period From - To	Date Pay Received	Gross Pay*	Hours Worked	Earned Income Credit	Tips/ Commissions**

#### VI. EMPLOYER INFORMATION

Signature of Employer/Designee

\_\_\_\_\_

Employer's Title/Designee's Title

\_\_\_\_\_

Name of Business: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed \_\_\_\_\_