



# Employment Verification

Date:
Client ID Number

**Section 1: To be filled out by the client/employee.**

I authorize my employer to release information to the Department of Children, Youth, and Families.

EMPLOYEE'S SIGNATURE	SOCIAL SECURITY NUMBER (OPTIONAL)	DATE
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**Section 2: To be filled out by the employer.**

EMPLOYEE'S NAME	EMPLOYER'S NAME
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EMPLOYEE'S JOB TITLE	EMPLOYER'S ADDRESS
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Is this a new job? <input type="checkbox"/> No <input type="checkbox"/> Yes	DATE EMPLOYEE STARTED WORK	DATE FIRST CHECK WAS RECEIVED
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AVERAGE HOURS PER WEEK	RATE OF PAY OR SALARY (HOURLY, DAILY OR PIECE RATE)	Has job ended? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: why:
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Pay frequency:  Daily  Weekly  Every two weeks  Two times a month  Monthly

Is this job Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PROVIDE VERIFICATION OF TOTAL FINANCIAL AID AWARD	WHEN WILL YOUR POSITION END?
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Actual gross income (or attach payroll printout) for last three months:

MONTH: \$	MONTH: \$	MONTH: \$
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Actual gross income for current month and anticipated gross income for next two months:

CURRENT MONTH: \$	MONTH: \$	MONTH: \$
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Tips  No  Yes; if yes, how often and how much? \_\_\_\_\_

Commissions  No  Yes; if yes, how often and how much? \_\_\_\_\_

Bonuses  No  Yes; if yes, how often and how much? \_\_\_\_\_

Overtime  No  Yes; if yes, how often and how much? \_\_\_\_\_

Work schedule (include exact times when possible):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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Is Health Insurance available?  Yes  No

If yes, is employee enrolled in the health plan?  Yes  No

When does the coverage begin?

What is the employee's portion of premiums?

EMPLOYER/REPRESENTATIVE'S SIGNATURE	DATE
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EMPLOYER/REPRESENTATIVE'S PRINTED NAME AND TITLE	PHONE NUMBER
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