This form should only be used when 3rd party verification such as check stubs cannot be obtained.

Please return this form to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Head of Household Name |  | HOH Last 4 SSN |  |
| Employee’s Name |  | Employee Last 4 SSN |  |
| Employer’s Name |  | Employer’s Contact Information |  |
| By signing and dating this form I authorize the employer named above to release the information below to | |  | |

**To Be Completed by Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name as it appears on your records |  | Employee Title/Position |  |
| Start Date of Employment |  | Termination Date |  |
| Average Hours Worked Per Week |  | Rate of Pay Per Hour |  |
| Overtime Hours Per Week |  | Overtime Rate of Pay Per Hour |  |
| If seasonal or occasional employment, give lay off periods |  | Are earnings from Title IV Program, Title IV Work-Study, and Title V or from an economic or self-sufficiency job training program? |  |
| Company or Employer’s Name | |  | |
| Employer’s Address, City, State, Zip | |  | |
| Phone Number | |  | |
| Fax | |  | |
| Email | |  | |
| Printed Name of Person Completing This Form | |  | |
| Title of Person Completing This Form | |  | |
| Signature of Person Completing Form | |  | |
| Date | |  | |