EMPLOYMENT VERIFICATION

Please release the following information to Concho Valley Community Action Agency. We have received a release of information from the following client who has listed you as their current or former employer and are requesting employment verification:

Name of Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Name of Company: Phone: |
| Address:  |
| City: State: Zip Code: |

How often paid? \_\_\_\_\_Weekly \_\_\_\_\_\_Every 2 weeks \_\_\_\_\_Semi-monthly \_\_\_\_\_\_Monthly

 **If Employee is/was on Leave Without Pay:** Start Date: \_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_

On the chart below, give information for the last 30 days of income and pay periods:

We are needing the date range of: 00/00/0000 – 00/00/0000

|  |  |  |  |
| --- | --- | --- | --- |
| **Date pay period ended** | **Date Paycheck received** | **Gross Pay** | **Other Pay** (Tips, Commissions) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Date Terminated** | **Date Final Check Received** | **Gross Amount** |  |
|  |  |  |   |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Person Providing this Information Title & Telephone: