EMPLOYMENT VERIFICATION

Return By ________________

Employer: ______________________________
____
____
____

Sherburne County Social Services
13880 Hwy 10, Elk River MN 55330-4600
(763) 241-2600, FAX (763)-241-2698

Re: Client ______________________________
SSN: ______________________________

From: ______________________________

RELEASE

Signing this form gives my employer permission to give information about my job. Staff from ChildCare Assistance, Income Maintenance, and Employment Services will use this data to decide future funding and services. I know that I can refuse to give this information, but I may not get assistance. To cancel this agreement, I must make a written request. Otherwise, it ends one year after the date that it was signed.

Client Signature ______________________________ Date ______________ Case # ______________

EMPLOYER: PLEASE COMPLETE ITEMS MARKED AND RETURN PROMPTLY

Start Work:

- ___ Start Date ______________
- ___ Job Title ______________
- ___ Permanent or Temporary ______________
- ___ Wage per hour ______________
- ___ Hours per week ______________
- ___ Avg tips per week ______________
- ___ On commission Y N
- ___ Date of first check ______________
- ___ Pay frequency ______________
- ___ Day of week paid ______________
- ___ Is job Federal or State work study ______

Schedule: Shift: 1st 2nd 3rd

	Week 1	Week 2
Sunday	to	to
Monday	to	to
Tuesday	to	to
Wednesday	to	to
Thursday	to	to
Friday	to	to
Saturday	to	to

Stop Work:

- ___ Last day worked ______________
- ___ Date of last check ______________
- ___ Gross of final check ______________
- ___ Gross year to date ______________
- ___ Reason job ended ______________
- ___ Is job still available Y N
- ___ Eligible for COBRA coverage Y N
- ___ Date of medical leave ______________
- ___ Date of expected return ______________

Benefits:

		Date eligible	Monthly Amount (employee portion)
___ Medical Ins.	Y N	______	______
___ Dental Ins.	Y N	______	______
___ Disability Ins.	Y N	______	______

____
Signature of person completing form

____
Print name

____
Title
Date: ______________________________
Company Name: ______________________________
Address: ______________________________
____
Phone #/Ext. ______________________________

Income History: From: ____________ To: ____________

(ATTACH PRINTOUT OR COMPLETE BELOW)

Date Paid	# Hours	Gross Wages	Tips or Commission	Health Ins Ded.	Child Support Ded.	Taxes