Letter 0007 – Employment Verification/SAIL EMPLOYMENT VERIFICATION FORM

Control Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete Section I and have your employer complete Section

II. We will deny, stop or change your benefits if you do not return this form within 10 days.

Section I (to be completed by customer): I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Address authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to release information to the Name of Employer Department of Social Services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section II (to be completed by employer):

Please provide the following information for the above employee. Thank you for your prompt attention and cooperation in this matter.

A. New, temporary or permanent employee (if still in pay status) First day of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date First pay received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross pay of first check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of pay $\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_\_ Usual number of hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency of pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of week pay received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health insurance premium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health insurance frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Terminated or on leave employee Last day of work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date final pay received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final pay (gross) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total gross pay this month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave or vacation pay due YES ( ) NO ( )

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 If yes, gross pay $\_\_\_\_\_\_\_ Date received \_\_\_\_\_\_\_\_ Is employee on leave without pay YES ( ) NO ( ) Reason for termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. Wages or sick pay (please supply the most current information) Dates Pay Number of Gross Pay Tips/Commissions Received Hours Worked (if additional to gross pay) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Employer or Payroll Clerk Date