**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 ( )**

**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**