



EMPLOYMENT VERIFICATION

To (employer/third party vendor):

Re: Case # SS# Worker

I authorize the above named employer or any third party vendor in connection to the employer to release the information requested below.

- Note: A third party vendor is someone else who may be involved in keeping employment records but is not directly the employer.

(Signature of applicant) (Date)

TO BE COMPLETED BY EMPLOYER or THIRD PARTY VENDOR:

Date employment began How often paid? Date employment ended Date received 1st check? Number of hours worked per pay period Wage per hour Please list pay received in the months of Date final paycheck received (Please include severance pay)

Table with 8 columns: Date received, Pay period ending date, Gross, Deductions (Federal, State, FICA), Other (specify), Hours Worked

Health Insurance eligible? Y/N cost per enrolled? Y/N end date

Is employee eligible for COBRA insurance? Y/N Deadline to enroll in COBRA insurance?

Additional remarks

Signature of employer or third party vendor Date (Print Name) Phone number

- Service Center Cottage Grove, Service Center Forest Lake, Stillwater Government Center, Service Center Woodbury