



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)

Date received	Pay period ending date	Deductions				Other (specify)	Hours Worked
		Gross	Federal	State	FICA		
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

____ 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 Phone number

- Service Center Cottage Grove 13000 Ravine Parkway Cottage Grove, MN 55016 Phone: 651-430-4159 Fax: 651-430-4157 TTY: 651-430-4119
- Service Center Forest Lake 19955 Forest Road North Forest Lake, MN 55025 Phone: 651-275-7260 Fax: 651-275-7263 TTY: 651-275-7264
- Stillwater Government Center 14949 62nd Street North P.O. Box 30 Stillwater, MN 55082-0030 Phone: 651-430-6455 Fax: 651-430-6605 TTY: 651-430-6246
- Service Center Woodbury 2150 Radio Drive Woodbury, MN 55125 Phone: 651-275-8650 Fax: 651-275-8682 TTY: 651-275-8653