

EMPLOYMENT RECORD AND PAYROLL CERTIFICATION FORM

TO: _____ DATE: _____
_____ RE: _____
_____ SSN: _____ BD: _____

To Whom It May Concern:

Employment and payroll record information on the above-named individual is being requested. Your immediate attention to this matter is appreciated. Please respond by: _____ Thank You.

(Eligibility Worker) (Unit Address / Telephone Number)

I, _____, hereby give my permission for the release of information to the Department of Human Services regarding my employment and earnings.

(Applicant/Recipient's Signature) (Date)

- 1. Starting and ending dates of employment: From: _____ To: _____
- 2. Nature of employment: _____
- 3. Reason for and type of termination from employment (i.e., quit, fired, laid-off): _____
_____. Last day worked: _____
- 4. Is there any possibility of your re-employing this individual now or anytime in the future? _____
If YES, approximate date: _____
- 5. Is this individual entitled to a pension? _____ If YES, furnish date and amount of each payment (attach separate sheet).
- 6. Did this individual receive any sick pay, vacation pay, or severance pay upon termination? _____
_____ If YES, furnish date and amount of each payment (attach separate sheet).
- 7. Did this individual receive any cash payments or commissions other than those recorded in wage or salary pay records? _____ If yes, date and amount of each payment (attach separate sheet).
- 8. Did this individual receive compensation, gifts, rewards, or premiums in place of financial payments? If YES, please describe type of compensation and date given (attach separate sheet).
- 9. Did this individual apply for and receive any Workmen's Compensation or Temporary Disability Insurance claim payments while employed by you? _____ If YES, furnish dates and amount of each payment or give the name of the insurance carrier or other agency providing benefits:

If NO, state reasons for ineligibility. _____

