

## Employment Verification Statement

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

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

_____			Case Number: _____
Employer			Employee Name: _____
_____			Address: _____
Address			S. S. Number _____
_____			Elig. Worker: _____
City	State	Zip Code	Phone Number: 419-213-8800
			Fax Number: 419-213-8820

I agree that the Person/Company named above may release to the Lucas County Job & Family Services all information requested on this form. This information will remain confidential and be used to determine eligibility for assistance.

I am aware of my responsibilities to report completely and fully all facts which bear upon my eligibility for all Public Assistance.  
I realize if the requested information reveals I have improperly reported by situation, the information may be given to the Prosecuting Attorney for possible Civil Action, or Criminal Prosecution.

\_\_\_\_\_  
Employee must sign here

\_\_\_\_\_  
Date

Date Employment Began: \_\_\_\_\_ Current Rate of Pay: \_\_\_\_\_

Full / Part Time: \_\_\_\_\_ Hours Scheduled Weekly: \_\_\_\_\_

How Paid (e.g., Wkly/Bi-Wkly): \_\_\_\_\_ Day of Week Paid: \_\_\_\_\_

Is this Subsidized Employment? YES ( ) NO ( ) Occupation: \_\_\_\_\_

Does employee have hospitalization or other medical coverage? YES ( ) NO ( )

Name of Insurance Company: \_\_\_\_\_

>>>>>===== Complete this Section ONLY if no Longer Employed =====<<<<<<

Date Last Worked \_\_\_\_\_ Date of Final Pay \_\_\_\_\_ Gross Amount: \_\_\_\_\_

Was Employee Terminated / Laid Off? YES ( ) NO ( ) Did the Employee Quit? YES ( ) NO ( )

Reason: \_\_\_\_\_

Eligible for Re-Employment? YES ( ) NO ( ) When/Why? \_\_\_\_\_

Employee:	S. S. Number:
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**Gross Income Verification**

Please provide information for each pay period for the duration of employment. You may attach a computer printout, or other verification instead of completing this portion of the form.

Pay Period Ending	Actual Date Paid	Number of Hours Worked	Rate of Pay	Gross Pay	Tips, if any	Child Support Deduction

WORK SCHEDULE (please include AM / PM)			
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

This information may be necessary to schedule day care and other services to support the employment.

Variable schedule?

YES
NO

Maximum hours worked weekly?

Earliest start time?
AM / PM

Latest ending time?
AM / PM

Is all the employee information listed on this form correct (*for example*, address, SSN, name)? If not, please identify any inconsistencies:

**Remarks:**

Signature of Employer/Designee

Date

Title

Telephone Number