



LIHEAP VERIFICATION OF EMPLOYMENT

To Employer	
Name	
Address	
Contact	
Phone	
Email:	

From Agency	
Name	
Address	
Contact	
Phone	
Email:	

Applicant Name	
Social Security	

I hereby authorize release of my employment information to the above listed Agency.
Please complete the following page in its entirety.

Applicant Signature

Date

THE FOLLOWING SECTION TO BE COMPLETED OR VERIFIED BY EMPLOYER:

Employment Detail: Please provide the following information.

Employee Name:	Job Title:
----------------	------------

Employment Status: Complete the line that is applicable.

Is Employee Active:	Date of Employment:
Was Employee Terminated:	Date of Termination:

Frequency of Pay: Place an "X" in the space that is applicable.

Hourly	Weekly	Bi-Weekly	Bi-Monthly	Monthly	Annually	Other
--------	--------	-----------	------------	---------	----------	-------

Pay Information: Please provide current (active employees), future (new hires), or past information (recently terminated) for employee.

Last (4) Pay Periods	# of Hours Worked	Hourly Pay Rate	# of Overtime Hrs.	Gross Pay	Date of Check	Year to Date Earnings	Is Overtime Regularly earned?

Are you aware of any other compensation this person may be receiving at this job that is not listed above? If yes, explain. _____

I certify that, to the best of my knowledge and belief, the information provided on this form is true and accurate.

Employer's Signature

Employer's Printed Name

Employer's Phone Number

Fax Number