

Georgia Department of Human Services
Division of Family and Children Services

Employment Verification Form

Case #:

Date:

Head of Household Client ID:

Employee Name:

SS#:

Authorization to Release Information

I _____ hereby authorize my employer to furnish complete information about my earnings to the _____ County _____.

Signature or Mark

Date

If signed by an "X", person who witnesses the mark must sign below.

Signature of Witness

Must be completed by Employer

Employee Information

(a) Address of employee from your records: _____

(b) Beginning date of employment: _____ Job title of the employee: _____

(c) Date of first pay _____ Gross amount of first pay \$ _____

(d) Rate of pay: \$ _____

(e) Number of hours per week this employee works: _____

(f) Employee is paid weekly: ___ bi-weekly: ___ semi-monthly: ___ monthly: ___ daily: ___

(g) Employee receives a \$ _____ salary ___ weekly: ___ bi-weekly: ___ semi-monthly: ___ monthly:

(h) Day of the week this employee is paid: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sunday

(i) If the employee is terminated, reason for termination/separation: _____

(j) Employee going to another job: Yes _____ No _____ If so, where? _____

Please complete the following for the last _____ weeks/months. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Net Earnings	Tips (if applicable)

*DO NOT include advance EITC payments in Gross Earnings

Employer's Comments

(Person completing this form must sign, date and provide his/her phone number at the bottom of this form)

(a) Do you expect a change in pay? Yes No

If yes, what change do you expect? _____

When do you expect this change? _____

(b) If the person is no longer employed, provide the **date** of termination/separation: _____

(c) Last date this employee worked: _____

(d) Last date this employee was paid/will be paid: _____

(e) Total gross amount of the last pay check for this employee (Please include vacation, severance or special pay, if applicable): _____

Name of Employer

Signature and job title

Phone number

Date

Completed form can be faxed to (912) 632-0389