



1776 South West Temple
Salt Lake City, Utah 84115
Telephone 801.487.2161
Fax 801.487.3641
TDD for Hearing Impaired 801.487.3361

EMPLOYMENT/TERMINATION VERIFICATION

Client No: Name of Employee: Social Security No:

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature Date

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TO BE COMPLETED BY EMPLOYER
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Name of Company: Company Address:

Name of Supervisor: Email:

Telephone No: Fax No:

Status of Employment: (circle one) Full Time Part Time Temporary Other:

If this is temporary job, how long will it last?

If employment is with a temporary agency, please attach a printout which shows gross wages since they began working.

Is this a Federally Funded Job Training Program? Yes No

Is this a State and/or Locally Funded Job Training Program? Yes No

How often is employee paid: weekly bi-weekly semi-monthly monthly

Date Employment began: Basic rate of pay: \$ per hr / mo

Did the employee have an increase in wages and/or hours? Yes No
If yes, effective date of increase for wages: hours:

Shift Differential / Tips / Bonuses / Incentives: \$ per hr / dy / wk / mo (circle one)

Scheduled Hours: per week Average Overtime Hours: per week

Does schedule vary? Yes No If yes, please list: Minimum Hours Maximum Hours

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Has Employment Ended? Yes No

If Yes, state last date employed: GROSS amount of last check: \$

Reason for Termination:

Employer's Signature: Date:

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8). \*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8). \*\*

THIS FORM CAN ONLY BE ACCEPTED IF IT IS FAXED BY THE EMPLOYER OR MAILED DIRECTLY BY THE EMPLOYER. FAX NO: (801) 487-3641

ATTN:

