

Georgia Department of Human Services
Division of Family and Children Services

Employment Verification Form

Case #:

Date:

Head of Household Client ID:

Employee Name:

SS#: XXX-XX-

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?

