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-				
	Auth	orization to	Release Inform	nation		
	hereby a	hereby authorize my employer to furnish complete information about				
my earnings to the	County					
	Signature or M		Mark			
			Date			
				Signature o	of Witness	
	N		leted by Employ	/er		
(a) Address of employee from y			leted by Employ	/er		
(a) Address of employee from y (b) Beginning date of employmen	our records:	Employed				
	your records: t:	Employed	e Information			
(b) Beginning date of employmen	your records: t:	Employe	e Information			
(b) Beginning date of employmen	your records: t: Gross amo	Employed Job Job Joh Joh Joh Joh Joh Joh	e Information			
(b) Beginning date of employmen (c) Date of first pay (d) Rate of pay: \$	your records: t: Gross amo	Employed Job Job Joh Joh Joh Joh Joh Joh	title of the employ	oyee:		
(b) Beginning date of employment(c) Date of first pay (d) Rate of pay: \$ (e) Number of hours per week this	your records: t: Gross amo	Job aunt of first parants: semi-month	title of the employ	oyee:	monthly:	
(b) Beginning date of employment (c) Date of first pay (d) Rate of pay: \$ (e) Number of hours per week this (f) Employee is paid weekly:	t: Gross amo s employee wo bi-weekly: salary	Job aunt of first pa orks: semi-month weekly:	title of the employs	oyee: y: daily:	monthly: Sat.	Sunday
(b) Beginning date of employment (c) Date of first pay (d) Rate of pay: \$ (e) Number of hours per week this (f) Employee is paid weekly: (g) Employee receives a \$	t: Gross amo s employee wo bi-weekly: salary e is paid:	Job orks: semi-month weekly: Mon. Tu	title of the employs ay \$ hly: monthly bi-weekly: ues. Wed.	oyee: y: daily: semi-monthly:	-	Sunday

Please complete the following for the last received the checks.

weeks/months. Please show the date this employee actually

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Net Earnings	Tips (if applicable)
				1	<u> </u>

*DO NOT include advance EITC payments in Gross Earnings

Employer's Comments

(Person completing this form must sign, date and pro-	ovide his/her phone number at the	bottom of this form)
(a) Do you expect a change in pay?	☐ 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 paycheck for this e pay, if applicable):	mployee (Please include vacation,	severance or special
Name of Employer		
Signature and job title	Phone number	Date
Completed form can be faxed to		