

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?

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)

*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