STATE OF COLORADO
VERIFICATION OF EMPLOYMENT

Client's Name: __Kim Buchholz__   SS#: 100-60-7380 ____

Dear Employer:

Please complete this Verification of Employment form for the above-named client in its entirety. If a section is not applicable, please use N/A.

Employer's Name: __Employer Solutions Staffing Group III__
Employer's Address: __7301 Ohms Ln Ste 405__
__Edina, MN 55439__

Employer's Telephone Number: ....

Name, Title, and Telephone Number of the person completing this form:

__Mireya Ruos__   __Eligibility Specialist__ __303-441-1000__
Name   Title   Telephone #
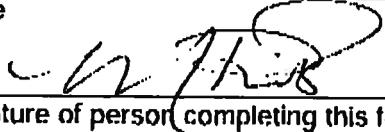
__signature__
Signature of person completing this form

Please fill in the information below regarding the above-named client.

Date of Hire	Hours Worked Per Week	Hourly Rate of Pay
12/30/11	-30	$10 p/h.

How Often is the employee paid? [ ] Weekly   [ ] Bi-weekly   [ ] 2 x a month   [ ] Monthly

Day Paid	Date of 1st Check	Gross Amount of 1st Check
13th 12 FRI	1/13/12	$273.90

If the employee is paid on a commission basis or receives tips, what is the anticipated amount the employee receives per paycheck? _____ N/A _____

What is the date of the the employee's last pay increase? _____ N/A _____
What was the amount of the last pay increase? _____ N/A _____

Additional information requested on the other side of this sheet.

Please provide the following information if the employee is no longer employed by you.

Date of termination: _____ 1/8/12 _____

Reason for termination: _____ quit _____

Date of last paycheck: _____ 1/13/12 _____

Amount of last paycheck: _____ $273.90 _____

Please complete the following payroll history or provide payroll records with the following information for the client.

Pay Date	Gross Wages	Tips/ Commissions	Disability Pay	Vacation Pay	Bonus Pay
1/3/12	273.90	—	—	—	—

Please return form to: Longmont Adult
529 COFFMAN ST, STE 100
LONGMONT CO 80501-5450