

EMPLOYMENT VERIFICATION

TO: CMG

RE: Faduma Yasin - 124  
Name

kelsey@corpmanagementgroup.com

891-89-01045  
Social Security Number

FROM: Eastridge Estates  
2009 17th Street SE  
Rochester, MN 55904

Thank you for your prompt response. All information is confidential.  
Please contact Jenna Sweeny or Louise Schreiber  
at ( ) 507.285.0022 if you have any questions.

\*\*\*Please fax back to 507.285.0304\*\*\*

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.  
Release: 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. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Faduma  
Signature

11-14-18  
Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.

Employee Name: Faduma Yasin Job Title: \_\_\_\_\_

Presently Employed: Yes  No \_\_\_\_\_ Date First Employed 9/14/17 Last Day of Employment present

Current Wages/Salary: \$ 10.35 (circle one)  hourly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: 40 Year-to-date earnings: \$ \_\_\_\_\_ From \_\_\_\_\_ through \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ N/A per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ N/A (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: N/A; Effective date: \_\_\_\_\_

Is the employee's work seasonal or sporadic? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate the average number of weeks in the layoff period(s): \_\_\_\_\_

Does this employee have a 401k, 403b or other retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, can the employee withdraw the funds in this account? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional remarks: FMLA 11/18/18 to 2/15/19 \*without pay\*

Signature: Diana Egan  
Print your name: Diana Egan  
Title: ESSE REP  
Company Name: CMG  
Address: 3703 Commercial Dr SW  
Rochester, MN 55902

Date: 11/14/18  
Tel. #: 507-923-4956

PENALTIES FOR MISUSING THIS CONTENT: 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 purposes 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 \$5,000. 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).