



Department

EA-263
07/12

EMPLOYMENT VERIFICATION

To (employer/third party vendor):

Temp Agency Name:

Re: Carolyn Gavins

Case # 1826197 SS# 8813

Worker Alyssa Soderlund

I authorize the above named employer or any third party vendor in connection to the employer to release the information requested below.

- Note: A third party vendor is someone else who may be involved in keeping employment records but is not directly the employer.

Carolyn Gavins
(Signature of applicant)

8/14/2015
(Date)

TO BE COMPLETED BY EMPLOYER or THIRD PARTY VENDOR:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Date employment began _____ | <input checked="" type="checkbox"/> How often paid? _____ |
| <input checked="" type="checkbox"/> Date employment ended _____ | <input checked="" type="checkbox"/> Date received 1 st check? _____ |
| <input checked="" type="checkbox"/> Number of hours worked per pay period _____ | <input checked="" type="checkbox"/> Wage per hour _____ |
| <input checked="" type="checkbox"/> Please list pay <u>received</u> in the months of _____
(Please include severance pay) | <input checked="" type="checkbox"/> Date final paycheck received _____ |

Date received	Pay period ending date	Deductions				Other (specify)	Hours Worked
		Gross	Federal	State	FICA		

Health Insurance eligible? Yes No cost _____ per _____
enrolled? Yes No end date _____

Is employee eligible for COBRA insurance? Yes No
 Deadline to enroll in COBRA insurance? _____
 Federal Employer Identification Number (FEIN) Tax ID _____ - _____

Additional remarks _____

Signature of employer or third party vendor _____ Date _____ Phone number _____
(Print Name)