JEFFERSON COUNTY, IDAHO SOCIAL SERVICES 210 COURTHOUSE WAY, STE 110 RIGBY, ID 83442 (208) 745-9223 (208) 745-5757 fax

VERIFICATION OF EMPLOYMENT/TERMINATION

TO BE COMPLETED BY EMPLOYER:

1.	Name of Business:				
	Address:(STREET)				
				(STATE)	(ZIP CODE)
2.	Telephone:Name of Employee:			422	
3.	Date of Hire:				0.1
	If terminated, type of termination: Please explain:	-			Otner
4.	List gross pay and date received for most recent months pay period.				
	GROSS PAY:	MONTH:			
	If terminated, date final check was or wil	ll be received	:		
5.	Average Number of Hours Per Week Wo	orked			
6.	What is the rate of pay per hour?				
7.	Are there any paychecks or benefits (vacation, retirement, etc.) yet to be received? YES NO If yes, list:				
8.	Is a change in pay expected? YES	NO	If so, new	rate:	
9.	Is employment: Seasonal Part-time Full time Temporary				
	Length of Employment:				
10.	Is or will employee be offered Health Insurance through your business? YES NO If yes, did employee accept? YES NO				
	is form is to be completed by Employer ON OT sign. Instead, please have the employee pr				
Req Titl	nployer's Signature:	IAL SERVIC	ES I	Date: Date:	

Please return to the address listed above by: