

**Appendix VIII: Employment Verification**

**Employment Verification Form**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**If pay stubs are not available, the client’s employer must complete the box below.**

Please submit information to local Energy Assistance Provider:

**\*\*To be completed by the Employer Only\*\***

Please complete the below information, sign and return to the agency listed above.  
Your assistance is appreciated.

Date employment began: \_\_\_\_\_ Date first paycheck issued: \_\_\_\_\_

Date employment ended (if applicable): \_\_\_\_\_

Date last paycheck was issued: \_\_\_\_\_ Gross amount of last pay: \_\_\_\_\_

Provide the information below for the last 30 days, if providing 12 months of employment attach a separate document with that information.

Date paycheck issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Address: \_\_\_\_\_

Employer Name (print): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_