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| Transforming Lives | | **Employment Verification** | | | | | | | | DSHS MAILING ADDRESS  **DSHS, PO BOX 11699, TACOMA WA 98411-9905** | | | | | | | | | |
| DSHS PHONE NUMBER | | | | | | | DSHS FAX NUMBER  **888-338-7410** | | |
| **Please use blue or black ink and print or type.** | | | | | | | | | | CASE / CLIENT ID NUMBER | | | | | | | DATE | | |
| **Section 1: To be filled out by the client/employee.** | | | | | | | | | | | | | | | | | | | |
| **I authorize my employer to release information to the Department of Social and Health Services.** | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE’S SIGNATURE | | | | | | | SOCIAL SECURITY NUMBER (OPTIONAL) | | | | | | | | | | DATE | | |
| **Section 2: To be filled out by the employer.** | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE’S NAME | | | | | | | EMPLOYER’S NAME | | | | | | | | | | | | |
| EMPLOYEE’S JOB TITLE | | | | | | | EMPLOYER’S ADDRESS | | | | | | | | | | | | |
| Is this a new job?  No  Yes | | | | | | DATE EMPLOYEE STARTED WORK | | | | | | | | DATE FIRST CHECK WAS RECEIVED | | | | | |
| AVERAGE HOURS PER WEEK | | | | RATE OF PAY OR SALARY (HOURLY, DAILY OR PIECE RATE) | | | | | | | Has job ended?  No  Yes  If yes, when: why: | | | | | | | | |
| Pay frequency:  Daily  Weekly  Every two weeks  Two times a month  Monthly | | | | | | | | | | | | | | | | | | | |
| IS THIS JOB WORK STUDY?  Yes  No | | | WHAT TYPE OF WORK STUDY?  State  Federal | | | | | | IF YES, PROVIDE VERIFICATION OF TOTAL FINANCIAL AID AWARD | | | | | | | | | WHEN WILL YOUR POSITION END? | |
| Actual gross income (or attach payroll printout) for last three months: | | | | | | | | | | | | | | | | | | | |
| MONTH:  **$** | | | | | | MONTH:  **$** | | | | | | | MONTH:  **$** | | | | | | |
| Actual gross income for current month and anticipated gross income for next two months: | | | | | | | | | | | | | | | | | | | |
| CURRENT MONTH:  **$** | | | | | | MONTH:  **$** | | | | | | | MONTH:  **$** | | | | | | |
| Tips  No  Yes; if yes, how often and how much?  Commissions  No  Yes; if yes, how often and how much?  Bonuses  No  Yes; if yes, how often and how much?  Overtime  No  Yes; if yes, how often and how much?  Work schedule (include exact times when possible): | | | | | | | | | | | | | | | | | | | |
| MONDAY | TUESDAY | | | | WEDNESDAY | | | THURSDAY | | | | FRIDAY | | | SATURDAY | | | | SUNDAY |
| Is Health Insurance available?  Yes  No  If yes, is employee enrolled in the health plan?  Yes  No  When does the coverage begin?  What is the employee’s portion of premiums? | | | | | | | | | | | | | | | | | | | |
| EMPLOYER/REPRESENTATIVE’S SIGNATURE | | | | | | | | | | | | | | | | DATE | | | |
| EMPLOYER/REPRESENTATIVE’S PRINTED NAME AND TITLE | | | | | | | | | | | | | | | | PHONE NUMBER | | | |