

EMPLOYMENT VERIFICATION

TO: (Name & Address of Employer)

Date: _____

RE: _____

Date: _____

Applicant/Tenant Name

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

**RETURN THIS FORM TO: Wasatch County Housing Authority
PO Box 776 Heber City, UT 84032
435-654-2053 / 435-654-2360 (fax)**

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Hire Date: _____ No _____ Term Date _____

Current Wages/Salary: \$ _____ per: hour week month year other_ (circle one)

Avg # of reg hours per week: _____ Year-to-date earnings: \$ _____

Ave # of OT hours/week: _____ Shift differential rate: \$ _____ per hour

List any anticipated change in the employee's rate of pay within the next 12 months:

_____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

If the employee eligible for unemployment compensation? _____ Yes _____ No If yes, how long? _____ How much? _____

Additional remarks: _____

Employer's Signature

Employer Printed Name

Date

Employer [Company]

Phone #

Fax #

Email Address