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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 [ ]  YesIf 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 |