

FORM I

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the **Town of Plaistow**.

Signature of Employee: _____ Date _____

Full Name of Employee: (print) _____

This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.

Employer _____ Phone _____

Address _____

Employee Name: _____

Date of Hire _____ Date starting/s started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid: ☐ weekly ☐ biweekly ☐ Other _____

Pay Period Ending	Actual Date of Payment	Gross Pay	Net Pay	Check/Direct Deposit
-------------------	------------------------	-----------	---------	----------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

=====

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

Authorized Signature and Title

Date

Print Name:

Phone # or Email: