



# Employment Verification

DSHS MAILING ADDRESS <b>DSHS, PO BOX 11699, TACOMA WA 98411-9905</b>	
DSHS PHONE NUMBER	DSHS FAX NUMBER <b>888-338-7410</b>
CASE / CLIENT ID NUMBER	DATE

Please use blue or black ink and print or type.

<b>Section 1: To be filled out by the client/employee.</b>						
I authorize my employer to release information to the Department of Social and Health Services.						
EMPLOYEE'S SIGNATURE			SOCIAL SECURITY NUMBER (OPTIONAL)		DATE	
<b>Section 2: To be filled out by the employer.</b>						
EMPLOYEE'S NAME			EMPLOYER'S NAME			
EMPLOYEE'S JOB TITLE			EMPLOYER'S ADDRESS			
Is this a new job? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: why:			
Pay frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month <input type="checkbox"/> Monthly						
Is this job Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much? _____						
Commissions <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much? _____						
Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much? _____						
Overtime <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, is employee enrolled in the health plan? <input type="checkbox"/> Yes <input type="checkbox"/> 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	