

Verification of Employment Termination

TO BE COMPLETED BY EMPLOYER

Employee Name: _____ **Social Security #:** _____

The above person has indicated that s/he was employed with your business. Please complete the following information and return to employee or directly to Jefferson County at fax number: 303-271-4447

Attn: _____ . We appreciate your time and assistance.

Name of Business: _____

Business Address: _____
City/State

Last day at Job: _____ Last Check Date: _____

WHAT WAS THE WEEKLY WORK SCHEDULE?

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

If varied schedule please mark any regular days off (OFF) in box above and fill out varied schedule information below:

Rate of pay: _____ Monthly Gross Wages: _____

How often paid? Weekly Bimonthly Semimonthly Monthly /Other _____

Additional income (overtime/commission/bonuses/tips*) No Yes (if yes complete the following)

How much: _____ How often: _____

*If tips, what percentage is reported: _____

I confirm that the above information is complete and accurate:

Printed Name Of Employer Title

Phone Number

Signature Of Employer Date