

Verification of Employment

Name: _____ App. Reg/Case #: _____
Social Security Number: XXX-XX-_____
Address: _____
STREET
CITY STATE ZIP CODE

To be completed by the employer:

I certify that _____ works for me as _____
(WHAT DOES EMPLOYEE DO?)

The employee is paid (check one) Weekly Two Weeks Twice per month Monthly

Does the employee have access to New York State Health Insurance (NYSHIP)? Yes No

Does the employee have dependents enrolled in his/her employer sponsored coverage? Yes No

Please supply the following information:

Last consecutive weeks	Week 1	Week 2	Week 3	Week 4
Date paid				
Gross pay <i>include tips, commissions and bonuses</i>				

If no longer employed, date last worked: _____

Business name: _____

Business address: _____
STREET
CITY STATE ZIP CODE

Business phone: _____

Employer's name: _____ Title: _____
PLEASE PRINT

Employer's signature: _____ Date: _____