

# Employment/Non-Employment Verification Form



## Employment Separation or Termination Verification

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Separated/terminated from employment with \_\_\_\_\_ on \_\_\_\_\_  
(name of company) (date)

Total earnings for 20\_\_\_\_: \$ \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Phone# \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## Employment Verification

Employee Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Employer \_\_\_\_\_

Date of Hire \_\_\_\_\_ Current rate of pay: \$ \_\_\_\_\_

Scheduled hours per week: \_\_\_\_\_ Overtime hours anticipated weekly: \_\_\_\_\_

Anticipated 20\_\_\_\_ total annual earnings: \$ \_\_\_\_\_

**Complete this section only if there has been a drastic reduction in the number of hours this employee worked with your company:**

Number of hours previously worked weekly \_\_\_\_\_ Date the reduction of hours became effective \_\_\_\_\_

Current scheduled hours per week \_\_\_\_\_ Do you anticipate an increase in hours for this employee?  Yes  No

If yes, when? \_\_\_\_\_ How many more hours? \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Phone# \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** CRI Code: **FAC11ENV** Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Scanned: \_\_\_\_\_ Initials: \_\_\_\_\_

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