

Home Forward Shelter Plus Care Program

135 SW Ash St., Portland, OR 97204 Fax 503.802.8330 TTY 503.802.8554

Verification of Employment Status

Date: Participant/Employee: Social Security Number:				
We are required to verify the employment status for all app by Home Forward. We ask your cooperation in supplying t employee fill out this form. The personnel office, timeked legibly.	his required	information. Ur	der no circums	tances should the
Employee's Full Name:				
Employee's Full Address:				
Date Employment Began: Employee's Job Title:			e:	
~Please Complete Only the Section the	nat Applies	to the Emplo	yee's Current	Situation~
1. Complete this Section if Employee is Currentl	y Working	Regularly Sc	heduled Hours	<u>s</u>
Base Pay: \$ Per: ☐ Hour ☐ Week ☐ Mor				- ked per Week:
Do you anticipate an increase in the Base Pay within the next 12 n		☐ Yes ☐ No		
Do you anticipate the employee will work any overtime in the next	12 months?	☐ Yes ☐ No	Rate:	Hours:
Does the employee receive tips, bonuses, or any other pay or com	pensation?	☐ Yes ☐ No	Amount:	Per:
What were employee's gross earnings for the past 12 months?			Amount:	
2. Complete this Section if Employee is Currentl	y Working	Irregular Hou	urs or On-Call	
Base Pay: \$ Per: ☐ Hour ☐ Week ☐ Mor	nth 🗌 Year	Ave	erage Hours Work	ked per Week:
Total gross earnings Year-to-Date: \$		As of pay period	ending:	
Total gross earnings for last 12 months: \$		Anticipated earn	ings for the next 12	2 months: \$
Does the employee receive tips, bonuses, or any other pay or com	pensation?	☐ Yes ☐ No	Amount:	Per:
What were employee's gross earnings for the past 12 months?			Amount:	
3. Complete this Section if Employee is No Long	er Employ	<u>ed</u>		
Date of termination:	Last day	/ employee actu	ally worked:	
s the employee on Maternity, Parental, Medical, or other leave?	☐ Yes ☐	No If yes,	anticipated return	to work date:
f yes, is employee on short/long-term disability with compensation	? 🗌 Yes 🔲	No	Amount:	Per:
Do you anticipate re-hiring this employee? ☐ Yes ☐ No	If yes, wh	nen:		
Does the employee have a current or pending worker's compensa	tion claim?	Yes ☐ No		
What were employee's gross earnings for the past 12 months?	Amount: \$_			
Name of Employer:				
Address of Employer:				
Name and Title of Person Completing Form:				
Signature:			Date:	
Telephone:				
Attention:	An	y questions,	please call:	