



Verification of Termination of Employment

We would appreciate the following information regarding the estimated income for this family.

Name of Employer: _____ Name of Business: _____

Address: _____ Telephone Number: _____
Street City State Zip

Name of Employee: _____ SSN: _____

Date of Hire: _____ Date of Termination: _____

Reason for Termination: ☐ Layoff ☐ Quit ☐ Fired ☐ Leave ☐ Other:

Please explain: _____

If on leave, will they receive income during that leave? ☐ Yes ☐ No

What date will the terminated employee's insurance end? _____

List gross amount of pay and date received for FINAL month of employment:

Gross Pay (before taxes)	Date Received
\$	
\$	
\$	

Date final check was/will be received: _____

Gross amount (before taxes) if not shown above: _____

Are there any lump sum benefits (retirement, vacation, severance, etc.) yet to be received?

☐ Yes ☐ No If yes, list:

Gross Pay (before taxes)	Date to be Received
\$	
\$	
\$	

This form is to be completed by the employer **ONLY**. If the employee completes any part of this form, DO NOT SIGN THE FORM. Instead, please have employee provide you with a blank replacement form to complete.

Employer's Signature

Date