

REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT	
<i>Please fill out Section A then give this form to your employer to complete Sections B and C.</i>	
Applicant Name:	Employer Name:
Address:	Address:
City, State, Zip Code	City, State, Zip Code
Phone:	Phone:
I authorize you to release my employment information to Impact Development Services.	
Employee's Signature: _____ Date: _____	

SECTION B: EMPLOYER		
<i>Please provide the following information for the above listed employee, then send <u>the completed form</u> to the email at bottom of page. Please call 970-541-2617 with any questions that you may have.</i>		
Present position:	Dates of employment:	
Probability of continued employment:		
Current gross pay (per pay period):	Rate per hour:	Average hours worked per week:
Please check the frequency of pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> 2X / month (24X / year) <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
Average hours worked per year:	Percent of work inside Ridgway R-2 District:	Percent of work outside Ridgway R-2 District:
Overtime rate per hour:	Average number of overtime hours per week:	
Commissions earned per week:		
Tips earned per week:	Annual bonuses:	
Date and amount of applicant's last pay increase:	Date:	Amount:
Is the employee a seasonal worker:	Yes: No:	Average weeks worked per year:
Additional information (please explain seasonal work cycles and other pertinent information)		
Employee's total gross annual income: \$ _____		*Please include any paid holidays and paid time off in annual total

SECTION C: EMPLOYER AUTHORIZED SIGNATURE	
Signature:	Title:
Printed Name:	Phone & Email Address:

Under penalty of perjury, I declare that all information contained herein is true, correct, and complete to the best of my knowledge and belief.

Employer, please send completed form to lottery@impactdf.org.