

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 Ouray County: | Percent of work outside Ouray County: |
| 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.