



**Jefferson Parish Community Action Programs
Verification of Employment**

Community Center Name: _____

Community Center Address: _____

To: **(Name and Address of Employer)**

I (name of applicant) _____ hereby released of my employment information.
Sincerely,

Applicant Name

Date

Dear Employer:

The above named person is/has applied for energy assistance. Please complete the following section and return the form to us. Your prompt response in necessary to complete the application process:

Sincerely,

Community Service Counselor

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER:

Employee Name: _____ **Job Title:** _____

Active Employee: Date Employed _____

Inactive Employee: Last Date of Employment: _____

Current Wages/Salary \$ _____

Number of Hours Worked
<input type="checkbox"/> Hourly
<input type="checkbox"/> Weekly
<input type="checkbox"/> Biweekly
<input type="checkbox"/> Twice a month
<input type="checkbox"/> Monthly
<input type="checkbox"/> Other:

Last (4) Pay Periods Ending Date:	Number of Hours Worked	Hourly Pay Rate	Number of Overtime Hours	Gross Pay	Date of Check	Year to Date Earnings	Is Overtime Earned on this check?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you aware of any other income this person may be receiving such as other wages, compensation, insurance benefits or pensions? Yes No If yes, source and amount: _____

Employer's Signature

Employer's Printed Name

Date

Telephone number

Fax number

E-mail

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.