

310 N. Sixth Street DeKalb, IL 60115 Phone: 815-758-2692 Fax: 815-758-4190 www.dekcohousing.com

Verification of Employment Termination *PLEASE READ CAREFULLY*

| | sing Authority of the County of D | citato for support in ite | ousing program par | respution as required | Toy 1102 Regulations. |
|--|---|---|--|--|-----------------------|
| | Date | Signature | | Soc. Sec. N | Number |
| Emple | oyer Name | | _ | Employer Phone/Fax | |
| Emple | oyer Street Address | | | Employer Email | |
| Emple | oyer City, State, Zip | | _ | | |
| | Employee's Name | | | _SSN: | |
| ٦١ | Employee's Address | | | | |
| | Date Employed Date of Termination | | | | |
| | Last Day Employee Actually Worked YTD Earnings | | | | |
| | Additional Pay : Will employee receive additional pay (i.e., unused vacation or sick leave)? ☐ Yes ☐ No If yes, state amount employee will receive: \$ | | | | |
| | | | | | |
| | Workmen's Compensation If yes, please provide contact Compensation Contact: | t information through v | which this may be v | erified: | |
| | Workmen's Compensation If yes, please provide contact | t information through w ☐ Employee Quit ☐ k, will employee be reh | which this may be v Terminated for Ca | erified:use □ Lack of Wo | |
| | Workmen's Compensation If yes, please provide contact Compensation Contact: Reason for Termination: If terminated for lack of wor | ☐ Employee Quit ☐ k, will employee be reh | Terminated for Ca | erified: use | |
| | Workmen's Compensation If yes, please provide contact Compensation Contact: Reason for Termination: If terminated for lack of wor If, Yes When: Authorized Representative | □ Employee Quit □ Employee be reh | Terminated for Ca | erified: use 🗖 Lack of Wo | |
| | Workmen's Compensation If yes, please provide contact Compensation Contact: Reason for Termination: If terminated for lack of wor If, Yes When: Authorized Representative Name & Title: | Employee Quit k, will employee be reh | Terminated for Ca | erified: use □ Lack of Wo lo Fax: _ | rk 🗖 Other |
| m | Workmen's Compensation If yes, please provide contact Compensation Contact: Reason for Termination: If terminated for lack of wor If, Yes When: Authorized Representative Name & Title: Email: Signature: VARNING: Section 1001 of Title 18 insrepresentations to any Department | Employee Quit ck, will employee be reh | Terminated for Ca ired? Yes N | erified: use Lack of Wo to Fax: _ Date: make willful false sta | rk Other |
| m Offic elsea V Adr 5-758- | Workmen's Compensation If yes, please provide contact Compensation Contact: Reason for Termination: If terminated for lack of wor If, Yes When: Authorized Representative Name & Title: Email: Signature: VARNING: Section 1001 of Title 18 nisrepresentations to any Department ce Use: Bemis | Employee Quit ck, will employee be reh | Terminated for Ca ired? Yes N Yes N Tone: Lexy Morelan Admissions M 815-758-2692 | Fax: Date: o make willful false star within its jurisdiction d [M-Z & VASH] anager | rk Other |