

**VERIFICATION OF TERMINATED EMPLOYMENT**

Send To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Soc. Security #: \_\_\_\_\_

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Termination: \_\_\_\_\_ Last Day Actually Worked: \_\_\_\_\_

Reason for Termination:     Employee Quit     Other \_\_\_\_\_

Do you anticipate rehiring this employee?     Yes     No    If yes, when: \_\_\_\_\_

Will the employee receive additional paychecks for Workman's Compensation?     Yes     No

If yes, provide the name and address of the company through which this can be verified:  
\_\_\_\_\_  
\_\_\_\_\_

Total severance pay anticipated for the next 12 months: \_\_\_\_\_

Is employee entitled to receive unemployment compensation?     Yes     No

***AUTHORIZED SIGNATURE***

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

***RETURN TO:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***--OFFICE USE ONLY--***

Date Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_