



TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811
www.conwaynh.org

EMPLOYMENT VERIFICATION

To Whom It May Concern:

The requested information is necessary for this office to determine eligibility for public benefits and we thank you in advance for your prompt attention to this matter.

Company Name: _____

Mailing address: _____

Physical Address: _____

Phone: _____

Manager Name: _____

The Town of Conway would appreciate employment and wage information regarding:

Employee Name: _____ Social Security #: _____

Employee's Position or Job Title: _____

Start date for current employment: _____ If temporary, end date _____

Average hours per week expected: _____

Current Rate of Pay: _____ per _____ Effective pay period ending: _____

Day of week paycheck received: (circle) M T W TH F S Sun

Frequency of pay: (circle) Weekly Bi-Weekly Monthly Other: _____

Date first paycheck was received: _____

Does your employee have any of the following items through his/her employment?

____ Credit Union Accounts ____ Savings Bond(s) ____ Shares/Profit Sharing

Medical Insurance Retirement Fund/IRA Long term Disability
 Short Term Disability

Mandatory wage assignment (specify) _____

Do you anticipate changes in the number of hours worked or the rate of pay in the near future? If so, please explain. _____

Please complete the following table and be sure to report bonuses, tips, commission, etc., paid since _____.

Week #	Pay Period	Actual Date Paid	Gross Pay	NET Pay	Bonuses, tips etc
1					
2					
3					
4					
5					
6					
7					
8					

Could this individual reduce deductions to increase net wages?
If so, please explain _____

ADDITIONAL INFORMATION REQUESTED:

REPLY: _____

Signature of person providing information

Date

Printed name of person providing information

Title of Person Providing Information

Telephone number