

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*

		11 01	rogram participation as required by HUD Regul	
	Date	Signature	Soc. Sec. Number	
	loyer Name		Employer Phone/Fax	
Empl	loyer Street Address		Employer Email	
Empl	loyer City, State, Zip			
. [	Employee's Name		SSN:	_
٦l	Employee's Address			
	Date Employed Date of Termination			
	Last Day Employee Actually Worked YTD Earnings			
	<b>Additional Pay</b> : Will employee receive additional pay (i.e., unused vacation or sick leave)? ☐ Yes ☐ No If yes, state amount employee will receive: \$			
	If yes, please provide conta	n: Will employee receive any add ct information through which thi		
	If yes, please provide conta Compensation Contact:  Reason for Termination:	ct information through which thi  Employee Quit Terminark, will employee be rehired?	s may be verified:  ated for Cause    Lack of Work   Other	
	If yes, please provide conta Compensation Contact:  Reason for Termination: If terminated for lack of wo If, Yes When:  Authorized Representativ	□ Employee Quit □ Terminark, will employee be rehired? □	s may be verified:  ated for Cause    Lack of Work   Other  Yes    No	
	If yes, please provide conta Compensation Contact:  Reason for Termination: If terminated for lack of wo If, Yes When:  Authorized Representativ Name & Title:	Employee Quit  Terminark, will employee be rehired?	s may be verified:  ated for Cause    Lack of Work   Other  Yes    No	
	If yes, please provide conta Compensation Contact:  Reason for Termination: If terminated for lack of wo If, Yes When:  Authorized Representativ Name & Title:	ct information through which thi  ☐ Employee Quit ☐ Terminark, will employee be rehired? ☐  e	s may be verified:  ated for Cause    Lack of Work    Other  Yes    No  Fax:	
m	If yes, please provide conta Compensation Contact:  Reason for Termination: If terminated for lack of wo If, Yes When:  Authorized Representativ Name & Title:  Email:  Signature:  VARNING: Section 1001 of Title 1	et information through which thi	s may be verified:  ated for Cause    Lack of Work   Other  Yes    No  Fax:  Date:  nal offense to make willful false statements or	
office elsea V Adı 5-758	If yes, please provide conta Compensation Contact:  Reason for Termination: If terminated for lack of wo If, Yes When:  Authorized Representative Name & Title:  Email:  Signature:  VARNING: Section 1001 of Title in isrepresentations to any Department of the Use:  Bemis	Employee Quit  Terminark, will employee be rehired?   Phone:  B of the U.S. Code makes it a criminate or Agency of the United States as to the Case Manager Adress 2692 x. 126	s may be verified:  ated for Cause    Lack of Work    Other  Yes    No  Fax:  Date:  mal offense to make willful false statements or on any matter within its jurisdiction.  Acy Moreland [M-Z & VASH]	ren ialist & Portab