



61 Locust Street, Suite 334
Dover, New Hampshire 03820-3704
(603) 516-6500
Fax: (603) 516-6508

d.balian@dover.nh.gov or s.gaston@dover.nh.gov or j.carnes@dover.nh.gov

City of Dover, New Hampshire
PUBLIC WELFARE DEPARTMENT
EMPLOYMENT VERIFICATION

To Employer _____ Date _____

Address _____

Phone: _____ Fax: _____ Email: _____

For the purpose of administration of municipal assistance, the following information is required for:

[Name of employee]

Date of Hire _____ Date starting/started work _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid [] weekly [] biweekly [] other _____

Date of first/most recent paycheck _____ **Net amount** _____

Last 30 days of income (dates & net pay) _____

EMPLOYMENT TERMINATION VERIFICATION

If _____ is no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

Signature and Title of immediate supervisor or person completing form _____ Date _____