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**City of Dover, New Hampshire**  
**PUBLIC WELFARE DEPARTMENT**  
**EMPLOYMENT VERIFICATION**

To Employer \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**For the purpose of the 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 \_\_\_\_\_