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## City of Dover, New Hampshire

### PUBLIC WELFARE DEPARTMENT EMPLOYMENT VERIFICATION

To Employer \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**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 and net pay) \_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT TERMINATION VERIFICATION

I \_\_\_\_\_ 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 \_\_\_\_\_