



218ET

### END OF EMPLOYMENT VERIFICATION

All of the information below is required from your former employer.  
They may complete this form or provide all of the information in a separate statement.

Employee name \_\_\_\_\_ Social Security number \_\_\_\_\_

Last day of work for \_\_\_\_\_ was on \_\_\_\_\_  
Employer Last day of work

Who requested separation?  Employer  Employee

Reason for leaving employment \_\_\_\_\_  
\_\_\_\_\_

Please complete the information below for all income received in the month of the final paycheck.

**NOTE: Please do not subtract Sick/Vacation Payout and Bonus Pay from Total Gross when completing below table.**

Pay date	Hours worked	Total Gross pay	Sick/Vacation Payout	Bonus Pay
<b>Final Paycheck:</b>				

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's printed name

\_\_\_\_\_  
Supervisor's title

\_\_\_\_\_  
Employer's address