



Verification of Employment

Company Name:
Attention:
Address:
City, State, Zip

Please promptly return this form to our office:
Polk County Health Department
Attention: Tim Ramsey
1907 Carpenter Avenue
Des Moines, Iowa 50314
Fax: (515)286-3643

AUTHORIZATION: Federal Regulations require us to verify Employee participation in programs, federally funded through Polk County / Metropolitan Partnership for Lead Safe Housing (MPLSH), which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

RELEASE: I hereby authorize the release of the requested information.

Employee Printed Name Employee Signature Date

Information below this line must be completed by company authorized personnel ONLY.
Applicants are not allowed to complete any part of the section below.

- 1. Employed since: Occupation/Title:
2. Complete only ONE:
A. Salary: \$ Monthly Annual
B. Base pay rate: \$ /Hour Average hours per week:
C. Base pay rate: \$ /Week Average weeks per year:
D. Base pay rate: \$ /Month Average months per year:
3. Effective date of last increase:
4. Expected number of hours of OVERTIME to be worked during the next 12 months (list # as weekly average):
5. Any other compensation not included above - SPECIFY TYPE - (i.e., commissions, bonuses, tips, etc.)
6. Is pay received for vacation: Yes No If yes, number of days per year
7. Total base pay earnings for past 12 months: \$
8. Total overtime earnings for past 12 months: \$
9. Probability of any pay increase: Yes No Date of increase: Amount of increase: \$
10. Does the employee have access to a retirement account: Yes No
If yes, what amount do they have access to: \$

Signature of Authorized Representative Date Telephone Number
Printed Name of Authorized Representative Title of Authorized Representative

