Community Action Wayne/Medina
Administrative Offices: 905 Pittsburgh Avenue, Wooster Ohio 44691 330.264.8677
Medina Office: 232 Northland Drive (lower level), Medina Ohio 44256 330.723.2229
Lodi Office: 110 Highland Drive, Lodi Ohio 44254 330.661.1027

## Appendix VIII: Employment Verification

**Employment Verification Form**

Employee Name: _____ Date: _____

Occupation: _____

Business Name (please print): _____

Employee Signature: _____

☐ By checking this box, I agree to allow CAW/M to contact my employer.

**If pay stubs are not available, the client's employer must complete the box below.**

Please submit information to local Energy Assistance Provider:

****To be completed by the Employer Only****

Please complete the information below, sign and return it to the agency listed above.
Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 30 days, if providing 12 months of employment attach a separate document with that information.

| Date paycheck issued: | Gross pay amount: | Medical/Child Support/Dental/ Vision/HSA Deductions: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Employer Address: _____

Employer Name (print): _____

Contact Phone Number: _____

Employer Signature (required): _____ Date: _____