

DOCUMENTATION OF TELEPHONE VERIFICATION (Temporary Form of Verification)

Name SSN

Address City State Zip

1. Oral (telephone) verifications may be used temporarily when other methods are not feasible or will delay eligibility determination. Describe the reason(s) that third-party written or first-hand verifications are delayed in this instance:

2. Temporarily in lieu of third-party written or first-hand verification, on _____,

Date

at _____, I spoke with _____,

Time Contact Person Title

at _____.

Name of Employer

3. Gross Pay Before Deductions:

Date employment began: _____ Date employment ended: _____

Number of hours worked per week: _____

If number of hours is inconsistent, provide average: _____

Hourly wage: \$ _____ or Annual gross salary: \$ _____

Gross year-to-date earnings: \$ _____ As of what date: _____

Number of weeks employed each year: _____

Amount of tips, commission, other: year \$ _____ week \$ _____ month \$ _____

Employee's title, position or type of work: _____

Expected change in pay: \$ _____ Effective date: _____

Does the employee receive vacation/sick pay: Yes No

4. Other remarks regarding employee's income: _____

Signature

Name (print)

Title

Date

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.*