218ET

END OF EMPLOYMENT VERIFICATION

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

Employee name _____ Social Security number _____

Last day of work for _____ was on _____
Employer — Last day of work

Last paycheck was dated _____ in the amount of _____
Date of final paycheck — Gross of final paycheck

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.

Pay date	Hours worked	Gross pay

_____ _____ _____
Supervisor's signature — Phone number — Date

_____ _____
Supervisor's printed name — Supervisor's title

_____
Employer's address

Revised 10/2015