



EMPLOYMENT RELEASE FORM

Employee's Name: _____ SS #: _____

Address: _____ City: _____ State: _____

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To The Employer:

I hereby authorize the release of the requested information.

Employee's Signature: _____ Date: _____

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This part of the form to be completed by Employer only:

Company Name: _____

Employment Start Date: ____/____/____ Employment End Date: ____/____/____

Please list the **gross** pay received by the employee for the dates listed below. Please include the last five (5) weeks and include all bonuses, overtime wages, vacation and sick pay, and tips.

From: ____/____/____ To: ____/____/____

<u>WEEK ENDING</u>	<u>PAY DATE</u>	<u>GROSS AMOUNT (including tips)</u>
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|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Completed By: _____ Title: _____

Signature: _____ Date: _____

Company: _____ Telephone #: _____

Please return to: CAPSC Energy Assistance - 577 Central Avenue Suite 10 Dover, NH 03820