



# EMPLOYMENT VERIFICATION

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING  
976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

*Promoting the Wise Use of Land • Helping to Build Great Communities*

**Employers Name & Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_

Social Security No: \_\_\_\_\_

**\*\*PLEASE RETURN THIS FORM BY MAIL OR FAX TO (805)781-5624 WITHIN 7 DAYS\*\***  
**\*DO NOT ALLOW EMPLOYEE TO HAND CARRY\***

**I \_\_\_\_\_ hereby grant my permission for release of any income information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Employer:

We are governed by the County of San Luis Obispo to verify income of program participants. All information you furnish will be kept in strict confidence. Your prompt response is greatly appreciated.

**EMPLOYER – PLEASE TYPE OR PRINT CLEARLY AND FILL OUT COMPLETELY.**

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Is termination temporary? No  Yes  If yes, return or rehire date \_\_\_\_\_

Gross rate of pay \$ \_\_\_\_\_ per Hour  Week  Month  (*please check one*)

(Hourly) hours worked per week \_\_\_\_\_ \*weeks worked per year: \_\_\_\_\_

Does employee work overtime: No  Yes  Please list overtime wages: \_\_\_\_\_

How many overtime hours per week \_\_\_\_\_ Per Year: \_\_\_\_\_ How many OT hours worked last year? \_\_\_\_\_

Anticipated pay increase: Amount: \$ \_\_\_\_\_ Date Effective: \_\_\_\_\_

Is work  Permanent  Seasonal  Temporary? If temporary when will it end: \_\_\_\_\_

Paid Vacations No  Yes  # \_\_\_\_\_ weeks if yes.

Year to Date Earnings \$ \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Wages paid during the last 12 months \$ \_\_\_\_\_

Amount of Bonus/Tips/Commissions \$ \_\_\_\_\_

[Type text]

Is this person in a Job Training Program No  Yes  If yes, please provide a copy of the contract.

**PLEASE ATTACHED A PRINTOUT OF Employee's PAST YEAR HISTORY**

**Print Name of person completing this form:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Name & Address:** \_\_\_\_\_

**If you have any questions in completing this form please contact:**

**Suzan Ehdaie - Project Manager @ (805) 781-4974**

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisonment for not more than five years or both.**