

TOWN OF MEREDITH

41 Main Street
Meredith, NH 03253
603-279-4538 x 206

EMPLOYMENT VERIFICATION AND / OR TERMINATION FORM

To Employer _____ Date _____

Address _____

Phone _____

For the purpose of administration of municipal assistance, the following information is required for:

[name of employee]

Date of Hire _____ Hourly Pay Rate _____

Full/part time _____ Hours per week _____ Paid weekly biweekly other _____

Date of first/most recent paycheck _____ Net amount _____

=====

If _____ no longer employed by your company:

Date of termination/separation _____ Date/net amount of last paycheck _____

Reason for termination/separation _____

Signature and Title of immediate supervisor or person completing form

Date