Employment Verification Request

Name of Employee: _____ Social Security#:_____

We would appreciate employment and wage information concerning the employee named above. This is necessary in order to determine his/her eligibility for benefits. Thank you for your cooperation.

Financial Assistance Program
Monadnock Community Hospital
452 Old Street Rd Peterborough, NH 03458
Phone: (603) 924-1717
Fax: (603) 924-1709

Monadnock COMMUNITY HOSPITAL

NH Health Access NETWORK
financial help – for your health

Employee's Job Title: _____

Beginning Date of Current Employment: _____

Average hours per week: _____ If temporary, until: _____

Please list Gross wages, bonuses, tips, commission, etc.

Current Rate of Pay: $_____ per_____ Effective pay period ending:_____

Frequency of Pay: (circle one) Weekly Bi-Weekly Monthly Other: _____

Actual Date first paycheck received: _____

Please indicate if the employee has any of the following items through his/her employment:

_____Credit Union Accounts _____Savings bond(s) _____Shares/Profit Sharing
_____Medical Insurance _____Retirement Fund/IRA

Do you anticipate any upcoming change in the number of hours worked or the rate of pay? _____

Please complete for at least 3 full weeks:

Actual Date Paid	Gross Pay

Actual Date Paid	Gross Pay

Signature: _____ Date: _____