



New Mexico Human Services Department
INCOME SUPPORT DIVISION
EMPLOYMENT VERIFICATION

Business Name and Address

FAX Number	Telephone Number
Case Name	Case Number

In order to determine benefits for the individual listed below, we need employment information verified. Please complete the Employer's section below and return this form by FAX or mail.

RETURN TO:

Worker	Date
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EMPLOYMENT VERIFICATION SECTION – To be completed by the employer:

Employee	Employee's Social Security Number
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■ **TERMINATED EMPLOYMENT** – Please complete this section and PAY HISTORY only if you no longer employ this individual.

Date Employment Ended	Date Final Pay Received	Reason for Termination
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■ **NEW OR CONTINUED EMPLOYMENT** – Please complete this section and PAY HISTORY for new or continuing employment.

Date Employment Began	Date First Pay Received	Regular Hourly Rate of Pay	Overtime Rate of Pay	Other – Commission, Tips, etc.
EMPLOYEE PAY SCHEDULE: How often is this employee paid?		Day of week pay period ends: <input type="text"/>		
<input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice Monthly		Day of the week pay is received: <input type="text"/>		
<input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				
Average number of hours employee works per week:		Average number of overtime hours employee works per week:		
Do you anticipate any changes in employment within the next 3 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain:</i>				
Are insurance benefits available? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of Company: _____		

■ **PAY HISTORY** - Please list all pay checks issued beginning with:

PAY PERIOD END DATE	PAY DATE	REGULAR HOURS WORKED	OVERTIME HOURS WORKED	TOTAL GROSS PAY	OTHER PAY (Tips, bonuses, etc.)
Name of Person Completing Information		Position		Telephone Number	
Signature		Business Name		Date	