

Termination of Employment Verification

TO: _____

RE: _____
Name _____
Social Security Number _____

FROM: _____

Thank you for your prompt response. All information is confidential.
Please contact _____
at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature Date

THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER

Employee Name _____ Job Title _____

Date(s) of Employment _____ Date of Termination _____ Last Day Worked _____

Reason for Termination: ☐ Employee quit ☐ Other

Will employee receive additional pay for unused vacation or sick leave?

☐ No ☐ Yes If yes, please list amount employee will receive: \$ _____

Do you anticipate re-hiring this employee?

☐ No ☐ Yes If yes, when: _____

Will the employee receive additional paychecks for Workman's Compensation?

☐ No ☐ Yes If yes, please provide the name and address of the company through which this can be verified:

Signature _____
Print your name _____
Title _____
Address _____

Date _____
Tel. # _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).