



Cass County Human

Service Zone

Economic Assistance

PO Box 2986

Fargo, ND 58108

701-241-5761

701-239-6820 (fax)

Return Form To:

Email:

Case #:

TERMINATION/LEAVE VERIFICATION

Name: _____ SS#: _____ (last 4 digits)

Employer: _____ Employer Phone: _____

Employer Address: _____ City: _____ ST: _____ Zip: _____

(This section to be completed by the employer/manager.)

Terminated

While employed, what hours did they work per week? _____ What was the rate of pay? \$ _____/hr

Last Day of Employment: _____ Date of Final Paycheck: _____ Gross Amount \$ _____

Reason: _____
(example: seasonal, temporary, quit job, fired)

Leave of Absence: Paid Unpaid Short/long term benefits Other

Leave Start Date: _____ Anticipated Date of Return: _____ Hours/Week Upon Return: _____

If paid while on leave:

Rate: \$ _____/hr. Hours/week: _____ Frequency: 1 x wk 2 wks 2 x mon 1 x mon Other

Please list all gross wages received during the following dates: _____ through _____.

(List each pay date and gross amount for that pay date separately OR attach payroll report as documentation.)

Pay Date	Gross Wages	Pay Date	Gross Wages

Employer Name (print)

Signature of Employer

Date

Authorization to release information to Cass County Human Service Zone

I authorize any person having custody or knowledge of the information relating to me to disclose any requested information, including confidential information other than protected health information, to any authorized agent of the North Dakota Department of Human Services. This authorization will remain valid until assistance ends or until revoked in writing. A copy of this authorization is as valid as the original.

Signature of Employee

Date

The person(s) named above agreed to electronically sign and submit this form.