



Trail County Housing Authority

Box 369
16 W. Caledonia
Hillsboro, ND 58045

701-436-5785
TDD No. 701-282-3443

Verification of Termination of Employment

We are required to verify, through the Employer, the termination for all applicants for, or tenants in, our low-rent housing programs. We ask your cooperation in supplying this required information. **In no event should this form be filled out by the employee. Forms should be completed by the timekeeper, bookkeeper or accountant.**

Sincerely,

_____ Date _____
Housing Authority Rep.

Employee's Name _____ SS# _____

Employee's Address _____ Date Employed _____

Name of Company _____

_____ Street Address _____ City/State/Zip _____

Date of Termination _____

Last Day Employee Actually Worked _____

Will employee receive additional pay for unused annual sick leave? Yes No

If answer to above is yes, state amount employee will receive \$ _____

Will employee receive any additional pay checks for any workmen's compensation? Yes No

If yes, give name and address of company through which this may be verified:

_____ Name of Co.

_____ Street Address _____ City/State/Zip _____

Reason for termination: Employee Quit Terminated for Cause Lack of Work Other

If terminated for lack of work or other, do you anticipate re-hiring this employee? Yes No

If yes, when? _____

Signature of Employer or
Authorized Representative: _____ Phone: _____

Title: _____ Date: _____

I hereby consent to the release of the information requested.

_____ Date

_____ Signature of applicant/tenant