



805 Sheyenne Street
West Fargo, ND 58078
(phone & TTD) 701-282-3443
(fax) 701-282-4331
casscountyhousing.org
info@casscountyhousing.org



TERMINATION OF EMPLOYMENT VERIFICATION

We are required to verify, through the Employer, the termination of employment for all applicants for, or tenants in, our assisted 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 a member of the Human Resources, management, or accounting staff.**

Employee Name: _____ Employee SSN: _____

Employee Address: _____

Company Name: _____

Company Address: _____

Date Employed: _____ Date of Termination: _____ Last Day Actually Worked: _____

Will employee receive additional pay for unused sick leave or PTO? ☐ YES ☐ NO If Yes, amount: \$ _____

Will employee receive any additional pay checks for worker's compensation? ☐ YES ☐ NO

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

Name: _____ Address: _____

Reason: ☐ Employee Resigned ☐ Terminated for Cause ☐ Terminated due to lack of work ☐ Other

If terminated due to lack of work or other reason, do you anticipate re-hiring this employee? ☐ YES ☐ NO

If YES, when? _____

Signature of Employer/Authorized Representative: _____ Date: _____

Title: _____ Phone: _____

I hereby consent to the release of information requested:

Signature of Applicant/Tenant: _____ Date: _____