



**EMPLOYMENT RELEASE FORM**

Employee's Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**To The Employer:**

I hereby authorize the release of the requested information.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This part of the form to be completed by Employer only:**

Employment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list the **gross** pay received by the employee for the dates listed below. Please include the last five (5) weeks and include all bonuses, overtime wages, vacation and sick pay, and tips.

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

<u>WEEK ENDING</u>	<u>PAY DATE</u>	<u>GROSS AMOUNT</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please return to: CAPSC Energy Assistance - 577 Central Avenue Suite 10 Dover, NH 03820