



NOW YOU CAN AFFORD PEACE OF MIND

Post Office Box 2583
Atlanta, GA 30301-2583
1-877 GA PEACH (427-3224)
Fax 1-866-259-3404
www.peachcare.org

EMPLOYER VERIFICATION OF EMPLOYMENT & INCOME

FAMILY ACCOUNT NUMBER: _____

Dear Parent:

This form can be used for you and your employer to prove your employment and income. Here is how you can verify your employment and income:

1. Write your Family Account Number at top of each of these three pages
2. Fill out the "Authorization to Release Information" section at the bottom of this page
3. Hand this page along with the following pages to your Employer to fill out
4. Send all three pages to us or have your employer send them to us

How can I send the completed papers?

By fax: 1-866-259-3404

By mail: PeachCare for Kids®
PO Box 2585
Atlanta, GA 30301-2585

Sincerely,

PEACHCARE FOR KIDS®

AUTHORIZATION TO RELEASE INFORMATION – To be completed by Employee

I _____ hereby authorize my employer to furnish complete information

Your Name

about my earnings to PeachCare for Kids®.

_____ / / _____
Your Signature Date

_____ / / _____
Witness Signature Date



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EMPLOYER VERIFICATION OF EMPLOYMENT & INCOME

FAMILY ACCOUNT NUMBER: _____

EMPLOYEE INFORMATION – To be completed by Employer

a) Name and address of employee exactly as it shows in your records: _____

b) Hire Date: ____/____/____ Employee's Job Title: _____

c) Date of First Pay: ____/____/____ Gross Amount of First Pay: \$ _____

d) Current Rate of Pay: \$ _____ Weekly Number of Hours of work: _____

e) Frequency of Pay: Bi-Weekly Semi-Monthly Monthly Daily

f) Day of week this employee is paid: Mon Tues Wed Thurs Fri Sat Sun

g) Do you expect a change in the employee's pay? Yes No

If so, what change and when do you expect it?: _____

h) Is the employee terminated: Yes No

If so, for what reason: _____

Date of Termination: ____/____/____ Last Day Worked: ____/____/____

Date the employee was paid or will be paid: ____/____/____

i) Did the employee change jobs? Yes No

If so, where?: _____

j) Total gross amount of the last pay check for this employee including vacation, severance or special pay: \$ _____

