



Housing Authority of Cass County, North Dakota

230 - 8TH AVE. WEST

WEST FARGO, NORTH DAKOTA 58078

TOLL FREE
1-800-951-4321
TELEPHONE & TDD NO.
(701) 282-3443

FAX (701) 282-4331

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