



HOUSING AUTHORITY

of the City of Beaumont, Texas

VERIFICATION OF TERMINATION OF EMPLOYMENT

To _____ Name _____
Address _____ Social Security Number _____

We are required to verify, through the Employer, the termination of employment for all applicants for, or residents in, our housing programs. We ask your cooperation in supplying this required information. In no event should the employee fill out this form. The timekeeper, bookkeeper or accountant should complete forms.

BHA OFFICIAL: _____ **Date** _____

I hereby consent to the release of the information requested.

Signature of Applicant/Resident _____ Date _____
=====

Employee's Name _____ SS# _____ Other # _____

Employee's Address _____ Date Employed _____

Date of Termination _____ Last Day Employee Actually Worked _____

Will employee receive additional pay for unused annual or 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 Firm _____ 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: _____