

Pahrump Office
Marilynn Gallivan Complex
1981 E. Calvada Blvd. North
Suite 120
Pahrump, NV 89048
Phone: (775) 751-7095
Fax: (775) 751-4284



Health and Human Services
Director - Karyn Smith

Tonopah Office
Nye County Courthouse
101 Radar Road
Post Office Box 926
Tonopah, NV 89049
Phone: (775) 482-8125
Fax: (775) 482-7261

Employment Verification Form

Employer Name: _____

Re: _____

SS#: _____

Address: _____

Please furnish Nye County Health and Human Services with the following information regarding my salary and employment.

HEALTH AND HUMAN SERVICES REPRESENTATIVE

SIGNATURE of CLAIMANT

BOTTOM PORTION TO BE FILLED OUT BY EMPLOYER ONLY:

PLEASE SEND A WAGE STATEMENT PRINTOUT IF AVAILABLE

This is to verify the above client has been employed as: _____

from _____ to _____. Wage per hour: _____ Hours per week: _____

Reason for termination/loss of hours (if applicable): _____

Date(s) loss of hours occurred (if applicable): _____

Health Insurance Carrier: _____ Effective Date of Insurance: _____

Please list the employee's GROSS earnings below, noting the year in which the earnings occurred.

WK	JAN ____	FEB ____	MAR ____	APR ____	MAY ____	JUN ____	JUL ____	AUG ____	SEP ____	OCT ____	NOV ____	DEC ____
1												
2												
3												
4												
5												

WK	JAN ____	FEB ____	MAR ____	APR ____	MAY ____	JUN ____	JUL ____	AUG ____	SEP ____	OCT ____	NOV ____	DEC ____
1												
2												
3												
4												
5												

BY: _____

DATE: _____

SIGNATURE OF INFORMANT

POSITION

COMPANY: _____

TELEPHONE: _____