MADISON Indiana
Planning, Preservation and Design

101 W Main St
Madison, IN 47250
(812) 265-8324

Verification of Employment

This information is to be used by the agency collecting it or its assignees in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for funding maybe delayed or rejected.

Instructions Applicant – Complete Part I
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to agency listed in Part I.

PART I: REQUEST

Name of Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name of Agency: City of Madison, Paul Bruhn Grant_____ Address: 101 W Main St._____

City: ____Madison_____ State: ___IN_____ Zip Code: __47250_____

I have applied or am applying for a Paul Bruhn PACE Grant and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information:

_____ _____

Applicant(s) Signature **Date**

PART II: VERIFICATION OF PRESENT EMPLOYMENT

Date of Employment:_____ Present Position: _____

Current Gross Base Pay: $_____

Pay Period(Check which applies):

- ☐ Annual
- ☐ Monthly
- ☐ Weekly
- ☐ Hourly
- ☐ Other: _____

Gross Earnings:

Type	Year to Date Thru: _____	Past Year 20____	Past Year 20____
Base Pay	$	$	$
Overtime	$	$	$
Commissions	$	$	$
Bonus	$	$	$
Total	$	$	$

If paid hourly – average hours per week: _____

If overtime or bonus is Applicable, Is its continuance likely?

Overtime ☐ Yes ☐ No

Bonus ☐ Yes ☐ No

Date of applicant's next pay increase: _____ Date of applicant's last pay increase: _____

Projected amount of next pay increase: _____ Amount of last pay increase: _____

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PART III: VERIFICATION OF PREVIOUS EMPLOYMENT

Date Hired:_____ Date Terminated: _____

Salary/Wage at Termination Per (Year)(Month)(Week)

Base: _____ Overtime: _____ Commissions: _____ Bonus: _____

Reason for Leaving: _____ Position Held: _____

PART IV: AUTHORIZED SIGNATURE

_____ _____

Signature of Employer **Date**

Print or Type Name: _____

Title: _____

Phone No.:_____