



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

TERMINATION OF EMPLOYMENT VERIFICATION

EMPLOYER NAME:

ADDRESS:

CITY, STATE, ZIP:

PERMISSION FOR RELEASE OF INFORMATION:

I Authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME(S) OF APPLICANT:

SOCIAL SECURITY #(S):

SIGNATURE:

DATE:

***** DO NOT WRITE BELOW THIS LINE *****

DATE EMPLOYED:

DATE OF TERMINATION:

LAST DAY WORKED:

Will employee receive additional pay for unused vacation or sick leave? YES ___ NO ___
If YES, please list amount employee will receive \$

Will employee receive additional pay for workmen's compensation? YES ___ NO ___

If YES, give name and address of company through which this may be verified:

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 PREPARER:

DATE:

Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

THA Housing Specialist