



**VERIFICATION OF EMPLOYMENT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ECONOMIC ASSISTANCE  
 SFN 368 (3-2023)

**SECTIONS 1 & 5** to be completed by **EMPLOYEE**  
**SECTIONS 2 & 3** to be completed by **EMPLOYER** for **NEW EMPLOYMENT**  
**SECTIONS 2 & 4** to be completed by **EMPLOYER** for **END OF EMPLOYMENT**

**SECTION 1: EMPLOYEE**

Employee Name		Last Four of SSN	
Address	City	State	ZIP Code
Contact Telephone Number	Email Address		

**SECTION 2: EMPLOYER**

Name of Company			
Printed Name of Employer		Job Title	
Employer Address	City	State	ZIP Code
Contact Telephone Number	Employer Email Address		
Signature of Employer			Date

**SECTION 3: NEW EMPLOYMENT**

Employee START Date	Date of First Check	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call <input type="checkbox"/> Contract (attach contract)	
Expected Hours per Week	Amount Paid	Payment Frequency (hourly, salary, etc.)	
Pay Periods <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly			
If <b>weekly or bi-weekly</b> , which day? <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
If <b>Monthly</b> , Which Date	If <b>Semi-Monthly</b> , Which Dates (1st & 15th, etc.) and	Are tips received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are tips included on check stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are bonuses received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often?	Date(s) Received	

**SECTION 4: JOB TERMINATION**

Date Job ENDED	Date of Final Check	Does FINAL check include all PTO (Paid Time Off) balances? <input type="checkbox"/> Yes <input type="checkbox"/> No-Date PTO Balance Paid Out:
Gross Amount of Final Check	Reason Employment Ended <input type="checkbox"/> Lay Off <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Strike <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify):	
Reason for End of Employment		
Is this temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specify Reason	
Date Leave Starts	Return Date	If Paid Leave, Specify Type of Leave

**SECTION 5: SIGNATURE**

By signing this form, I hereby authorize the Human Services Zone to obtain employment information on my behalf.

Signature of Employee	Date
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Submit signed and dated form to local human service zone office

**OR**

Submit by mail to:  
Department Of Health and Human Services  
Customer Support Center  
PO Box 5562  
Bismarck ND, 58506

**OR** FAX: (701)-328-1006

**OR** Email: [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov)

For questions call Customer Support Center at: 1-866-614-6005  
Human service zone office locations can be found here: <https://www.hhs.nd.gov/human-service/zones>