

Appendix 1b – Employer Verification Template

To:	From:
	In the event of query contact <input style="width: 100%;" type="text"/> Telephone <input style="width: 100%;" type="text"/>

Thank you for taking the time to complete this form. We need some information about the person named below for contract management purposes. Your employee has given us written permission for us to obtain this information. A copy of this permission is available.

Part 1: Employee Details

First name(s): <input style="width: 95%;" type="text"/>	Surname: <input style="width: 95%;" type="text"/>												
NI number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													

Part 2 : Employment Details

Company name	<input style="width: 95%;" type="text"/>						
Employee's job title	<input style="width: 95%;" type="text"/>						
Date the job started	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>						
The minimum number of hours worked per week	<input style="width: 50px;" type="text"/> Per week						
The employee has been employed for 26 weeks within the 30 weeks since the date the job started.	<input type="checkbox"/>						

Part 3: Certification

Your name: <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%; height: 50px;" type="text"/>																		
Position in company: <input style="width: 95%;" type="text"/>																			
Telephone number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													Date: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>						

<p>Please impress your company or organisation stamp in the box on the right, and return this form to the address detailed at the top of the page. If you do not have a company stamp please attach a signed compliments slip, business card or letterhead.</p> <p>Thank you for your assistance.</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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