

Fax: (802) 888-1345

Email:

AHS.DCFESDVDO@VERMONT.GOV



218E

EMPLOYMENT INFORMATION

All of the information below is required from your employer.
They may complete this form or provide all the information in a separate statement.

Employee name _____ Social Security number _____

Began working for _____ on _____
Employer Date

in the position of _____
Job title

The anticipated hours per week will be _____.

The hourly wage will be _____, plus _____ in tips.

The first paycheck will be received on _____
Date

Paychecks are issued: ☐ weekly
☐ biweekly (every other week)
☐ semi-monthly (twice a month)
☐ Other: _____

On this day of the week: _____

Supervisor's signature

Phone number

Date

Supervisor's printed name

Supervisor's title

Employer's address