

EMPLOYMENT VERIFICATION REQUEST

LRGHealthcare

HEALTHLINK

PO Box 1327, Laconia, NH 03247
Tel: 603-527-7171 Fax: 603-527-2843



To _____

Lakes Region General Hospital 603-524-3211
Franklin Regional Hospital 603-934-2060

Name of Employee _____

Employee Social Security # _____

Signature of Employee _____ Date _____

We would appreciate employment and wage information regarding the employee named above. This is necessary in order to determine his/her eligibility for benefits provided by the HealthLink Program.

Please provide the information requested below and return to the above address.

Employee job title _____

Indicate if the employee has access to any of the following benefits through his/her employment (check all that apply).

Beginning date of current employment _____

Average hours worked per week _____

If temporary, until _____

Current rate of pay _____

Effective pay period ending _____

Frequency of pay (circle one)

Weekly Bi-weekly Semi-Monthly Monthly

Other (explain) _____

Credit Union Account(s) Savings Bonds

Share/Profit Sharing Medical Insurance

Retirement Fund / IRA

Mandatory Wage Assignment (please specify)

Please list gross wages, bonuses, tips, commissions, etc.

Pay Period	Actual Date Paid	Gross Pay

Signature / title of person providing information. _____

Date _____ Telephone _____