

**General Relief Opportunities for Work (GROW)
Verification of Employment Request**

Participant: _____	GROW Site: _____
Case name: _____	Address: _____
Case number: _____	_____ Zip: _____
Address: _____	Phone: _____ Fax: _____
_____ Zip _____	GROW Worker: _____
Phone: _____	GROW File Number: _____

You must provide proof of your current employment. If possible, please obtain a letter from your employer on company's letterhead that says:

1. Date you became employed
2. Number of hours you work each week
3. Hourly wage
4. How long the employment is expected to last
5. Your job title
6. Name, address and telephone of the person providing the information

If you are unable to get a letter from your current employer, your employer may fill out the bottom of this form. You may mail or return this form to the address listed above.

You must return proof or this letter to me by _____.

If you do not return proof or this letter your GR cash aid may stop and you may be sanctioned.

A sanction means that you lose your GR cash aid and you have to wait to get it back. The waiting period can be 0 days, 30 days or 60 days. If you are sanctioned, we will let you know how long your sanction waiting period is in another notice.

Your GR will not stop if:

1. You have not been on GR cash aid for three months in the past year;
2. You make a mistake (are negligent); or
3. You have a good reason for not providing proof of you current employment.

GROW might help you pay for transportation until you receive your first paycheck. In addition, if you are employed, you may request Post Employment Services. Ask your GROW Worker for information. If you have any questions, call the number listed above.

I authorize the release of the information requested below to Los Angeles County, DPSS.

Participant's Signature: _____ Date: _____

Name of Employee:		Job Title:	
First day of employment:		Weekly hours:	
Salary:	Hourly:	Weekly:	Monthly:
Employer name:		Industry:	
Address:		City:	Zip:
Is employment:	Permanent []	Temporary []	Full-time [] Part-time []
If temporary, when is it expected to end?			
Name of person completing this form: _____			
Job Title:		Telephone number: ()	
Signature:		Date:	