



GEORGIA CRIME VICTIMS COMPENSATION PROGRAM

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743
404/657-2222 • 800/547-0060 • 404/463-7652 (Fax) • 404/463-7650 (TTY)

EMPLOYMENT VERIFICATION FORM

An application for Economic Support benefits was submitted to the Georgia Crime Victims Compensation Program (CVCP) for consideration. To help the CVCP make the best possible decision in determining eligibility, we would appreciate your assistance by providing the below information.

Employee/Victim

Name: _____

Last 4 of SSN: _____

Address: _____

DOB: ____/____/____

Date of Crime: ____/____/____

Claim Number: _____

1. Dates of employment:	From: ____/____/____	To: ____/____/____
2. Hourly Wage: \$ _____	Annual Salary: \$ _____	Number of hours worked per week _____
Employment type: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		

Company Name (print name)

Employer (print name)

Employer Signature

Date: ____/____/____

Telephone No.: ____-____-____

PLEASE NOTE:

TO BE VALID, please attach this form to a blank copy of the employer's business letterhead or business card that includes the business address/contact information **AND** the documents must be faxed or mailed by the **EMPLOYER**.