

**GEORGIA CRIME VICTIMS COMPENSATION PROGRAM**  
 CRIMINAL JUSTICE COORDINATING COUNCIL

104 MARIETTA STREET, SUITE 440 ★ ATLANTA, GEORGIA 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**

Address:

SSN:

**Claim Number:**

<b>Date of Victimization:</b>	
1. Dates of employment:	From: ___/___/___ To: ___/___/___
2. Hourly Wage: \$ _____ Employment type: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Annual Salary: \$ _____ Number of hours worked per week _____
3. Work dates missed due to victimization, <b>OR</b> employee/victim did not miss any days from work:	From: ___/___/___ To: ___/___/___ Check here if no work days missed <input type="checkbox"/>
4. Total amount of wages lost due to victimization.	\$ _____
5. Dates of paid leave: None <input type="checkbox"/> Annual <input type="checkbox"/> Sick <input type="checkbox"/> Sick & Annual <input type="checkbox"/> <input type="checkbox"/> Other: _____	From: ___/___/___ To: ___/___/___
6. Disability pay:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what type: Short-Term <input type="checkbox"/> Long-Term <input type="checkbox"/> Worker's Compensation <input type="checkbox"/>	
Amount:	\$ _____
Dates of disability pay:	From: ___/___/___ To: ___/___/___

\_\_\_\_\_  
 Company Name (print name)

\_\_\_\_\_  
 Employer (print name)

\_\_\_\_\_  
 Employer Signature

Date: \_\_\_/\_\_\_/\_\_\_

Telephone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE NOTE:**

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