

GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
CRIMINAL JUSTICE COORDINATING COUNCIL

104 MARIETTA STREET, SUITE 440 ★ ATLANTA, GEORGIA 30303-2743
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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.

Victim/Employee:

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, 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.