

(Print Name)

COVID-19 RELEASE AND VERIFICATION OF NEED

(Please complete all sections of this form)

RELEASE OF INFORMATION

EMPLOYER'S VERIFICATION OF NEED EMPLOYER hereby verifies that my EMPLOYEE is currently under a financial hardship caused by COVID-19 as follows: () Employer shutdown or reduction in work hours due to COVID-19 (please give details and supporting documents): () Reduction in wages earned / paid due to COVID-19 (please give details and supporting documents): () Other (please give details and supporting documents): () Other (please give details and supporting documents): If known, Employee's anticipated DATE OF RETURN to normal employment status is: / / 2020 Is wear and affirm, under penalty of perjury, that the answers above given are true and correct. I understand that a false statement or answer to any question in this affidavit may subject me to penalties. Dated this day of 2020	Resident	hereby authorizes my Employer to release all requested information
hereby verifies that my EMPLOYEE	regarding the impact of my empl	oyment as a result of COVID-19.
Completed this day of, 2020 Period of the statement or answer to any question in this affidavit may subject me to penalties.	EMPLOYER:	
Resident / Employee Signature	EMAIL:	
EMPLOYER'S VERIFICATION OF NEED EMPLOYEE	PHONE / OTHER CONTACT INFO:	
hereby verifies that my EMPLOYEE	(Resident / Employee Signature)	
EMPLOYEE	<u>E</u>	MPLOYER'S VERIFICATION OF NEED
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(Employer Signature)	Dated this day of	, 2020
	(Employer Signature)	