



Region III Workforce Investment Board
Authorization to Release Employment Information



Participant's Name: _____ **Last 4 of SSN:** _____

To be completed by Employer:

Employer's Name: _____	
Employer's Address: _____ _____	
Employer's Telephone Number: _____	Contact/Supervisor: _____
Start Date of Employment: _____	Title: _____
Hours per Week: _____	Hourly Rate of Pay: _____
Is employee eligible for fringe benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is employee eligible for medical benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____	
Employer's Signature: _____	Date: _____

By signing below, I authorize that the confidential information contained on this form will be used to verify placement for the WIOA program to WorkForce WV, the Region III Workforce Investment Board of Kanawha County, and Training/Service Providers.

Signature of Participant

Date

Signature of Parent or Guardian

Date

Form may be faxed to:
Region III WIB
(304) 344-5762