

REQUEST FOR VERIFICATION CITY AND COUNTY OF HONOLULU DEPT OF COMMUNITY SERVICES

842 Bethel Street · 1st Floor · Honolulu · Hawaii · 96813
768.7096 (reception) · 768.7039 (fax) ·
cchs8@honolulu.gov (email)

1000 Ulu'ohi'a Street · #118 · Kapolei · Hawaii · 96707
768.3000 (reception) · 768.3237 (fax) 768.3228 (tdd)
cchs8@honolulu.gov (email)

<http://www1.honolulu.gov/dcs/rentalassistance.htm>

Employee

I hereby give my consent to release any information requested by the Department of Community Services.

Applicant's Signature

Please complete the section below and return this form by _____

EMPLOYMENT DATES

Date Employment Began _____

Date Employment Ends or Ended _____

CURRENT SALARY INFORMATION

Base Pay Rate or Salary:

\$ _____ per hr wk bi-wk yr

Average Hours Worked per Week: _____

Overtime Pay Rate:

\$ _____ per hr wk bi-wk yr

Average Expected Overtime Hours per Week: _____

Gross Commission, Bonuses, Tips and Other:

\$ _____ per hr wk bi-wk yr

SALARY HISTORY

Base Pay for Last 12 Months:

\$ _____

Overtime Pay for Last 12 Months:

\$ _____

FUTURE SALARY INFORMATION

Anticipated Salary Increase:

\$ _____ per hr wk bi-wk yr

Date of Expected Increase: _____

Thank you for your time and assistance.

Signature

Date

Title

Telephone No.

Fax No.