



Hamilton

City of Hamilton
Healthy and Safe Communities Department
Ontario Works
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Fax: 905-546-2877
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WAGE VERIFICATION FORM

EMPLOYER: RETURN TO:
ADDRESS: CASE ORG NUMBER:
NAME OF EMPLOYEE:
SOCIAL INSURANCE NUMBER:

I, the above-named, authorize the employer to release and disclose to The City of Hamilton, Community and Emergency Services Department, the information as requested in this document.

SIGNATURE:

WITNESS:

EMPLOYMENT START DATE: DATE OF FIRST PAY:

WORKS: Full-Time Part-Time Casual/On Call

PAID: Weekly Bi-Weekly Monthly

Please provide details below for all pays received from up to and including.

Table with 5 columns: Gross Earnings/ Training Allowance, Date, Amount:\$, Date, Amount:\$, Date, Amount:\$, Date, Amount:\$

DOES THIS AMOUNT INCLUDE HOLIDAY PAY? YES NO

ARE THEY ENTITLED TO HOLIDAY PAY? YES NO

INFORMATION GIVEN BY: (please print)

TITLE: TELEPHONE NUMBER:

DATE: SIGNATURE:

Ontario Works Hamilton, working together to better the lives of the people we serve.
Si vous désirez traduire ce document en français'il vous plaît contacter extension 3151, Soutien d'affaires.

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Family Benefits Act, R.S.O.1990.c. F.2, the Ontario Disability Support Program Act, 197 or the Ontario Works Act, 1997, for the purpose of administering the Ontario Government social assistance programs.