



COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.
 EMPOWERING COMMUNITIES SINCE 1965



Employment Release Form for Commissions

EMPLOYEE: Please complete this section only

Employee Name (please print): _____ Social Security #: _____

Address: _____

Employee Signature: _____ Date: _____

Alterations, erasures, cross outs, or white outs made to this form will not be accepted.

EMPLOYER:

This is to authorize you to release payroll information for the above employee for commissions received in the past
 365 days:

Beginning Date: _____ Ending Date: _____

Total GROSS Commissions Paid: \$ _____ (before deductions)

Start Date: _____ Termination Date: _____

(if hired within this period) (if terminated within this period)

If TERMINATION occurred within this time period, was severance pay received? () YES () NO

If yes, GROSS amount and date received: \$ _____ / _____ (before deductions)

Company Name: _____ Telephone: _____

Employer or Authorized Rep. Signature: _____ Title: _____

Please Print Name Clearly: _____

You may mail, fax, or email this form to my attention. Please reach out with any questions:

Attn: _____ Telephone: _____ Ext.: _____

Address: _____ Email: _____ Fax: _____