



**Verification of Lay-off or Termination**

Participant Name: \_\_\_\_\_

Reservation: \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant to release information**

Please be advised \_\_\_\_\_

employment was terminated effective \_\_\_\_\_

The above-named person is scheduled to return to work on \_\_\_\_\_

\_\_\_\_\_  
**Signature and position**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone number**

Please return completed form to:  
**All Mission Indian Housing Authority**  
**27368 Via Industria, Suite#113**  
**Temecula, CA 92590**