



## Sworn Statement Regarding End of Employment

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Employment case number: \_\_\_\_\_

I, \_\_\_\_\_ swear that the following information is true for my employment that ended at:

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

The last day I worked was: \_\_\_\_\_

I received my last check on: \_\_\_\_\_

The gross amount of my last check was: \_\_\_\_\_ (provide last paystub)

Reason employment ended:     Voluntary            OR             Involuntary

Additional information regarding employment ending:

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**I swear that the above information is correct.**

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_