



Worker Relocation Incentive Program Remote Worker Employment Verification

Applicant Information

Applicant Name:

Job Title:

Current Address:

Email Address:

Phone Number:

Employer Information

Employer:

Address:

Employer Representative Name:

Employer Representative Email:

Employment Eligibility

This section to be completed by the employer representative.

Is employment full-time 35 hours/week or more?

Is employment permanent (not seasonal, temporary, sub-contract, or through a temp agency)?

Are work duties performed remotely from a home office or co-working space?

Is the employer located outside of Vermont?

Are wages reported on a Federal Tax Form W-2 and include Medicare deductions?

Wages will be subject to Vermont Income Tax upon the employee's relocation to Vermont?

Employee Hourly Wage Rate:

Date of Hire:

Employer Signature

Date

Employer Print Name