

Verification of Employment and Income

Reference# _____

Section 1: Employee Completes This Section

Employee Name: _____ Employee ID: _____ Employee Contact Number: _____

I authorize my employer to release information regarding my employment, salary, and schedule.

Employee Signature Date

Section 2: Employer/Payroll Completes This Section

1. Employee Start Date/
First Day of Work: _____
2. Employee Status: Full Time Part Time
Average number of Hours Scheduled Per Week: _____
3. Frequency of Pay: Daily Weekly Bi-Weekly Semi-Monthly Monthly
4. Rate of Pay: \$_____ Per: Hour Day Week Month
5. Employee's Work Schedule: Please check here if schedule varies

Hours: Example 8-5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Please Check All That Apply. Employee Receives:

<input type="checkbox"/> Tips	<input type="checkbox"/> Overtime	<input type="checkbox"/> Retirement Fund	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Commissions/ Bonus	<input type="checkbox"/> Credit Union	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Advanced Earned Income Credit (EIC)	<input type="checkbox"/> WIOA, Title IV, or Title V Funded Position		<input type="checkbox"/> Other:
<input type="checkbox"/> Contract Income	Contract Employment:	Start Date:	End Date:

7. Provide verification of all pays received in the date range here: _____

If no date is listed, enter information from the last 45 days. (If this is a new employee show all pays received to date)

Period Ending Date	Date Pay Received	Number of Hours Worked	Total Gross Pay (including overtime)	Overtime Pay	Amount EIC	Taxes YES NO (If yes, include amount)	Other Deductions

8. How does the employee receive pay? Direct Deposit Paycheck Other _____
Date next pay will be issued: _____

9. Employer EIN# (if available): _____

Company/Employer Name (Please Print) Person Completing the Form Title

Employer's Address City, State and Zip Employer's Phone Number

Signature Date Employer's Email