



Employment Verification Form

To be eligible for the sliding fee scale, please provide the information requested below.

Section 1: Employee Completes This Section

Employee Name: _____ Contact Number: _____ SACC Account # _____

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

Employee's Signature _____ Date _____

Section 2: Employer/ Manager/ Supervisor Completes This Section

- Employee Start Date: _____ Average Number of Hours Worked Per Week: _____
- This employee does does not receive pay stubs (check one). Pay stubs will need to be submitted along with this form.
- Frequency of Pay: Daily Weekly Bi-Weekly Semi-Monthly Monthly
- Rate of Pay: \$ _____ Per: Hour Day Week Month
- Employee Receives: Tips Overtime Commissions/Bonus

Provide verification below of all earnings received within the last 60 days.

Period Ending Date	Date Pay Received	Number of Hours Worked	Total Gross Pay (including overtime)	Overtime Pay

6. Date next pay will be issued: _____

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

 Employer's Address Employer's Phone Number Employer's Email

I certify that this information is a true and accurate statement of the employment and income earnings of my employee.

 Manager/Supervisor's Signature Date

