



**EMPLOYMENT VERIFICATION FORM**

Fairfax County supports families earning low and moderate income by providing a sliding fee scale for SACC families. To be eligible, adults must document hours of work and income. Please complete all 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**

1. Employee Start Date: \_\_\_\_\_

2. Average Number of Hours Worked 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:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
(Example 8-5)							

6. Please Check All That Apply. Employee Receives:

Tips  Overtime  Commissions/Bonus

7. Provide verification below of all earnings received within the last 60 days. If this is a new employee, show all earnings received to date.

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

8. How does the employee receive pay?  Direct Deposit  Check  Cash  Other

9. 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 income information is a true and accurate statement of the financial status of my employee.**

\_\_\_\_\_  
 Manager/Supervisor's Signature      Date

