



Verification of Employment



Date: _____

- Verification of Employment
- Loss of Employment: Last Day _____

Please complete each section of this form as needed for verification purposes.

Section I. GENERAL INFORMATION

Name of Employee: _____ Social Security Number: _____

Address: _____
_____ Job Title: _____

Number of Hours Worked Per Week: _____ Number of Days Worker Per Week: _____

How often is/was the employee paid: Day Week Bi-Weekly Monthly

Rate of pay: \$ _____ per _____ (hr., day, week) Other (explain): _____

Date employment began: _____ Date employment ended (if applicable): _____

Does employee receive tips? _____ (if yes, show tips in Section II)

Section II. RECORD OF PAY RECEIVED

List the income information for the last FOUR weeks of employment

Pay Date	Gross Pay	Number of hours worked	Rate of pay	Tips	Other

If hours or rate of pay has varied in the above period, please state why in the section below:

Section III. EMPLOYER INFORMATION

The above information on this form is true and accurate to the best of my knowledge. Falsifying information may result in prosecution of fraud.

Employer Name (Printed): _____ Employer's Title: _____

Employer Signature: _____ Telephone Number: _____

Name of Business: _____ Date Completed: _____

Address: _____