

# Verification of Employment and Income

Reference# \_\_\_\_\_

## Section 1: Employee Completes This Section

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Employee Contact Number: \_\_\_\_\_  
 Home Zip Code: \_\_\_\_\_

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		Other Deductions
						YES	NO (If yes, include amount)	

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