

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:

Tips	Overtime	Retirement Fund	Health Insurance
Commissions/ Bonus	Credit Union	Profit Sharing	Life Insurance
Advanced Earned Income Credit (EIC)	WIOA, Title IV, or Title V Funded Position		Other:
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