**EMPLOYER VERIFICATION OF EARNINGS**

**SECTION 1 – EMPLOYMENT STATUS**

Is the employee listed above currently employed by your company?

Yes

No If yes complete Section 2.

If “No”, Indicate employment end date / /

Reason employment ended Never Employed Laid Off Quit Strike Fired Other Date of final paycheck: / / Gross pay for final month: $

MUST BE COMPLETED BY THE EMPLOYER

**Please return this form by:**

to

|  |  |
| --- | --- |
| **EMPLOYER INFORMATION** | **EMPLOYEE INFORMATION** |
|  | Employee Name - |
| Employee Address | |
|  | Employee City, State, Zip |
| FEIN - | |
| Fax - | |

|  |
| --- |
|  |
| **SECTION 2 – EMPLOYMENT INFORMATION** |
| Start date of employment / / Date first paycheck received / / Employee Type Temporary Permanent Title Manager Other  Please provide an estimate of the following wage information for the next 30 days.  **Type of Pay Best Estimate of Hrs Rate of Pay Regular Scheduled**  **Worked Per Week Per Hour Work Hours**  Regular $  Overtime $  Other Shift Pay $  Weekend /Shift Differential pay $  Holiday Pay $  Other $  **Gross Per Pay Period**  Salary if not paid hourly $ Bonus and/or Commissions $ Cash and/or Tips $  Frequency of pay Weekly Bi-Weekly Semi-monthly Monthly Irregular |

**SIGNATURE** - Employer / Designee Date Signed

Print Name Telephone Number

Title Fax Number

|  |
| --- |
| **COMMENTS** |
|  |