

Employer Verification of Wages and Work Schedule

If employed less than 60 days, Employee must submit all paystubs received up to date.

If employed more than 90 days, Employee must submit paystubs for the last 30 days.

Date:

Employee Name:

Social Security #:

Date of Birth:

Case Reference #:

To be Completed by Employer: Please provide the information listed below.

Date of Payment	Gross Payment Amount

Pay Periods: Weekly

Bi-Weekly

Semi-Monthly

Monthly

Date Hired:

Terminated:

First Check:

Last Check:

Hours Per Week:

Current Rate of Pay:

Per:

Business Days & Hours:

to

Start Time:

End Time:

Number Of Days Employee Works Per Week:

If Employee has a set schedule, please indicate hours and days.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Company Name:

Address:

Telephone:

Your Name (Please Print):

Title:

Employer Signature:

Date: