

Employment Verification Form

Dear Employer:

Please supply the following information for:

Employee's Name: _____

Social Security Number: _____

List the last four (4) consecutive pay amounts paid to employee

Pay Date	Gross Pay	Tips
	\$	\$
	\$	\$
	\$	\$
	\$	\$

1. Employee's pay rate: \$_____ Number of hours per week: _____

2. Employee is paid: Weekly Bi-Weekly Monthly Other: _____

3. If the employee a seasonal worker? Yes No

If Yes, then what is his/her work schedule? _____

4. If s/he is not currently employed, please indicate last work date: _____

5. Is the employee permanently terminated? Yes No

6. Is the employee on leave? Yes* No

*If Yes, what is the anticipated date of his/her return? _____

7. Is the employee eligible for Workman's Compensation, Short Term Disability or Long Term Disability? Yes** No

**If Yes, who should we contact for more information?

Name: _____ Phone Number: _____

Employer's Name: _____

Employer's Address: _____

Completed by: _____ Phone Number: _____

Signature: _____ Date: _____