



Employment Verification Request Form

Name of employee _____ SS# _____

I authorize and request release of information regarding verification of my **GROSS** pay **RECEIVED** during the period stated below.

Employee Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER OR AUTHORIZED REPRESENTATIVE:

This form must be completely filled out by employer or representative, not the employee. Failure to fill out completely will result in the form being returned to the employee and the application for assistance will be delayed or denied.

Date of hire _____ If recent, date first check received _____

Termination date _____ If recent, date last check received _____

Paid how often: Weekly Bi-weekly Semi-monthly Monthly Other _____

Gross pay RECEIVED from: _____ **to** _____

INCLUDE ALL PAY DATES EVEN IF NO PAY WAS RECEIVED

ACTUAL PAY DATE	TOTAL GROSS AMOUNT PAID	TIPS RECEIVED (If applicable)	CHILD SUPPORT DEDUCTED (If applicable)
1.			
2.			
3.			
4.			
5.			

Name of Employer/Company: _____

Contact phone number and/or email: _____

Authorized Personnel Signature: _____

Please Print Name: _____