

Employment/Income Verification Form

To be **completed by employer** if you do not have the last four weeks of consecutive pay check stubs. DO NOT USE WHITEOUT. IF CORRECTIONS NEED TO BE MADE, CROSS OUT THE ERROR, AND INITIAL THE CORRECTION.

SECTION I – GENERAL INFORMATION:

- Employee Name: _____ SS# _____
Employee Address: _____
- Type of work performed by employee: _____ Employment began: _____
- Number of hours worked: Per week: _____ Number of days per week: _____
Work schedule: From: _____ To: _____ A.M. P.M.
Circle Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
- Hourly wage received by employee: \$ _____
- Employee paid: \$ _____ Weekly Bi-weekly Semi-monthly Monthly Other
- Does employee receive tips? Y N If Yes, show tips in Section III
- Is employment year-round? Y N If No, specify # of months: 12 11½ 11 10½
 10 9½ 9 Other: _____

SECTION II – EMPLOYER INFORMATION:

- Employer Name: _____ Title: _____
- Business Name: _____ Phone #: _____
- Business Address: _____

SECTION III – RECORD OF PAY RECEIVED:

- In the space below, list the most current and consecutive **FOUR** weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

| DATES OF PAY PERIOD | DATE OF PAYMENT | GROSS EARNINGS | # OF HOURS WORKED | TIPS | NET PAY |
|---------------------|-----------------|----------------|-------------------|------|---------|
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- Please explain any unusual gaps or overtime and do you expect them to reoccur? _____

SECTION IV – EMPLOYER VERIFICATION:

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

Employer Signature

Title

Employer Name (Print)

Date