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:_____ PM End Time:_____ PM

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: _____