

VERIFICATION OF EMPLOYMENT
*****To be completed by Employer ONLY*****

To be completed by employer if: (a) you do not have the last four weeks of consecutive pay checks stubs, (b) paid cash, (c) self-employed, (d) independent contractor, (d) receive company business checks. DO NOT USE WHITEOUT. IF CORRECTIONS NEED TO BE MADE, CROSS OUT THE ERROR, AND INITIAL THE CORRECTION.

SECTION I – GENERAL INFORMATION:

1. Employee Name: _____ SS#: _____

Employee Address: _____

2. Type of work performed by employee: _____ Employment start date: _____

3. Number of hours worked per week: _____ Number of days per week: _____

Work schedule: From: _____ ☐ AM ☐ PM To: _____ ☐ AM ☐ PM

Circle Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

4. Hourly wage received by employee: \$ _____ Number of dependents claimed: _____

Employee is paid: ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly ☐ Other: _____

Employee is paid via: ☐ company payroll ☐ cash ☐ company business checks ☐ independent contractor

*****IF PAID CASH THE NOTARIZED VERIFICATION OF CASH EMPLOYMENT FORM MUST ALSO BE COMPLETED *****

5. Does employee receive tips? ☐ Yes ☐ No If Yes, show tips in Section III

6. Is employment seasonal? ☐ Yes ☐ No If yes, Season begins _____ ends _____

SECTION II – EMPLOYER INFORMATION:

1. Employer Name: _____ Title: _____

2. Business Name: _____ Phone #: _____

3. Business Address: _____

SECTION III – RECORD OF PAY RECEIVED:

1. 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 date the checks or cash were issued.

Dates of Pay Period	Date Received	Gross	# of Hours Worked	Tips	Net Pay

2. 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