

Wage Verification

To be COMPLETED BY EMPLOYER if check stubs are not available

Employee Name: _____ SSN: _____

Employer Name: _____ Date Employment Started: _____

Pay Period: How often is employee paid?

Weekly Every Two Weeks Twice Monthly Once Monthly

Is employee paid by direct deposit? Yes No

If YES, at which bank or credit union? _____

If employment is new:

Number of hours expected to work:

Per WEEK: _____ **Per PAY PERIOD:** _____ **HOURLY Pay Rate:** _____

Number of hours of overtime expected to work:

Per WEEK: _____ **Per PAY PERIOD:** _____ **HOURLY Overtime Pay Rate:** _____

If Tips are expected to be received, amount of Tips expected:

Per WEEK: _____ **Per PAY PERIOD:** _____

Complete chart below to show wages for the LAST 4 PAY PERIODS:

Pay Period Ending	Date Wages Received	Hours Worked	Hourly Pay Rate	Gross Pay	Tips Received

Are you aware of any other income employee may be receiving? Yes No

If YES, source of income: _____ and amount paid: _____

If employment terminated: Date of Termination: _____

Reason for Termination: _____

Employer's Signature	Date Signed
Employer's Printed Name	Employer's Phone Number