



Verification of Employment



Directions: This form must be filled out completely by your employer. The following information must be entered to determine eligibility for the employee below. This form will **not** be accepted by the ELC if any “white out” or “correction tape” is used.

Section I-Employee Information:

1. Name of employee: _____ SSN: _____
2. Address of employee: _____ City: _____ Zip: _____
3. Date current employment began: _____ Previously employed: Yes No When? _____
4. If no longer employed, what was the last day of employment with your business? _____
5. RATE OF PAY: Employee’s Annual Salary is: _____
6. RATE OF PAY: Employee is paid: \$ _____ per hour or \$ _____ per day
7. PAY SCHEDULE: Employee is paid: _____ weekly _____ bi-weekly _____ semi-monthly _____ monthly _____ other
8. Does the employee receive tips? Yes No If yes, show tips in Section II
9. How many hours per week does the employee work? _____
10. What shift does the employee work? Days Evenings Nights Time: _____
11. Does the employee work weekends? Yes No Days scheduled off: _____
12. Is the employment seasonal? Yes No Season begins _____ ends _____
13. What day of the week does employee get paid on? _____

Section II- Pay Record

In the table below, list the requested information for the six (6) weeks **PRIOR** to: _____

Pay Period End Date	Actual Pay Date	Gross Earnings	Number of Hours worked	Amount of Tips	Child Support Deductions

If number of hours or rate of pay has varied in the above pay periods, please explain: _____

Section III-Employer Information

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.

_____ Name of Business	_____ Business Address	_____ Phone Number
_____ Printed Name of Employer	_____ Signature and Title of Employer	_____ Date Completed