



## Wage Verification – For Employer Use Only

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee's Occupation: \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

Is the person named above employed by you?  Yes  No      Is the employee paid commission or tips?  Yes  No

Paid how often?  Weekly  Every Two Weeks  Twice Monthly  Monthly

**On the chart below, list gross wages of the employee for the last 30 days.**

Date Pay Period Ending	Date Employee Received Paycheck	Actual Hours Worked	Gross Pay (\$) Before Deductions	Other Pay (e.g., tips, commissions)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### For New Employees

### For Terminated Employees

Date Hired: \_\_\_\_\_

Date Terminated: \_\_\_\_\_

Date First Check Received: \_\_\_\_\_

Date Final Check Received: \_\_\_\_\_

Average Number of Hours Per Week: \_\_\_\_\_

Gross Amount: \$ \_\_\_\_\_

Comments (Will there be any changes in the next few months?): \_\_\_\_\_

Name of Company or Employer: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Person Providing Information \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Job Title \_\_\_\_\_

Phone \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

### FOR OFFICE USE (CLINIC) ONLY

Information Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Eligibility Employee Signature: \_\_\_\_\_