**WAGE VERIFICATION FORM**

**Requesting Party**

Name: [REQUESTOR NAME] Phone: [PHONE #]

Address: [ADDRESS]

E-Mail: [EMAIL] Fax: [FAX #]

**Employee Consent**

I, [EMPLOYEE NAME], authorize and hold harmless of any legal and financial liability my employer to release to the requesting party listed above. I understand that this information may be verified by phone, fax, or e-mail.

**Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date [MM/DD/YYYY] Print[EMPLOYEE NAME]

**TO BE COMPLETED BY THE EMPLOYER ONLY**

**Employee Job Title**: [EMPLOYEE TITLE] **Start Date**: [MM/DD/YYYY]

**On Leave?** [ ]  Yes [ ]  No

If Yes, Type of Leave: [LEAVE TYPE]

If Yes, Return Date: [MM/DD/YYYY]

**Average Monthly Wages**:

From Hourly Pay: $[#] From Commission: $[#] From Tips: $[#]

Pay Period: [ ]  Weekly [ ]  Bi-Weekly [ ]  Monthly Paid in Cash? [ ]  Yes [ ]  No

**How many hours per week does the employee work?** \_\_\_\_\_\_

Do Hours Vary? [ ]  Yes [ ]  No

If Yes, Explain: [DESCRIPTION]

**EMPLOYER CERTIFICATION**

Employer / Company Name: [EMPLOYER NAME]

Address: [ADDRESS]

Phone: [PHONE #] E-Mail: [EMAIL]

**I certify that the information listed above is true and accurate to the best of my knowledge.**

**Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [MM/DD/YYYY]

PrintName: [EMPLOYER NAME] Title: [EMPLOYER TITLE]