

# WAGE VERIFICATION FORM

## Requesting Party

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## Employee Consent

I, \_\_\_\_\_, 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 \_\_\_\_\_ Date \_\_\_\_\_ Print \_\_\_\_\_

## TO BE COMPLETED BY THE EMPLOYER ONLY

Employee Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

On Leave?  Yes  No

If Yes, Type of Leave: \_\_\_\_\_

If Yes, Return Date: \_\_\_\_\_

### 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: \_\_\_\_\_

## EMPLOYER CERTIFICATION

Employer / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_