

WAGE VERIFICATION FORM

Requesting Party

Name _____

Phone _____

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: _____

Monthly Average

Hourly Pay: \$ _____ Commission: _____ Tips: _____

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

Work Schedule							
	MON	TUES	WEDS	THURS	FRI	SAT	SUN
From							
To							

Do Hours Vary? Yes No

If Yes, Explain: _____



EMPLOYER CERTIFICATION

Employer / Company Name: _____

Address: _____ City: _____ State: _____

Phone: _____ E-Mail: _____

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

Signature _____ **Date** _____ **Print** _____

Title: _____

