

EMPLOYER VERIFICATION OF EARNINGS FORM

This form is to verify employment and wage information for the employee listed below. You are required by law to complete and return this form by the due date indicated below. This form will be scanned so write clearly using blue or black ink. Write any additional comments in Section 4, the Employer Comments section. **Only employers can sign and complete this form. Printouts or paystubs can be submitted in lieu of this form. Include all of the requested information on the printouts.**

Section 1-Complete the employment status information by checking whether or not the employee is currently employed. If not, fill out the end date, final paycheck, gross pay, and reason employment ended

Section 2-If the employee listed is employed by your company, provide the start date and date of the first paycheck received below. Include the employee's position title, employment type, and pay frequency.

Section 3-If the employee has any pre-tax deductions, fill out the information including type of deduction, how much the deduction is, and how often the deduction occurs.

Section 4-Use the section below to add any comments concerning the employee's employment.

Section 5-By signing this form, you are saying that the information you provided is correct and complete to the best of your knowledge. This form **must be completed, signed, and dated** by the employer or designee. Please provide the title of the person completing the form, a telephone number, and/or fax number if available.

Submission Options

Submit your completed form by: ()

You can either return the completed form to the local agency or give the form to the employee to return. To return to the local agency, fax or mail the completed form to:

Make sure you complete and return the form to the employee or local agency as soon as possible so that the local agency receives it by the indicated due date.

Employer Name	Employee Name
	Employee Case Number

SECTION 1 Employment Status Information



Is the employee listed above currently employed by your company?

Yes No

If yes, go to Section 2. If no, complete the rest of this section and then go to Section 4 to sign and date the form.

Employment End Date	Reason Employment Ended <input type="checkbox"/> Never employed <input type="checkbox"/> Quit <input type="checkbox"/> Strike <input type="checkbox"/> Fired <input type="checkbox"/> Other
Date of Final Paycheck	Gross Pay (before deductions) for Final Month \$

SECTION 2 Employment Information



Employment Start Date	Date First Paycheck Received
Position Title	Job Type <input type="checkbox"/> Manager <input type="checkbox"/> Non-Manager
Employment Type <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal	Months Worked (for example, Sept. to Dec.)
Pay Frequency <input type="checkbox"/> Paid Weekly <input type="checkbox"/> Paid every Two Weeks <input type="checkbox"/> Paid Twice a Month <input type="checkbox"/> Paid Monthly <input type="checkbox"/> Paid Irregular	

Please provide an estimate for the next 30 days of the hours the employee is expected to work for each pay period. If the type of pay is regular, holiday, other shift, overtime, weekend, or other type of pay, write in the rate of pay the employee earns per hour.

Type of Pay	Hours to be Worked Per Pay Period	Rate of Pay	Regular Work Hours (for example, Monday-Friday, 8:00 a.m.–4:30 p.m.)
Regular		\$	
Overtime		\$	
Other shift pay		\$	
Weekend/shift differential pay		\$	
Other		\$	

Salary Pay Details	Salary Per Pay Period
Salary:	\$
Will the employee receive any of the following?	How Much: How Often:
Tips (including cash) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Commissions <input type="checkbox"/> Yes <input type="checkbox"/> No	\$

SECTION 3 Pre-Tax Deduction Information




Does this employee have any of the following pre-tax or other deductions?

Type:	How much is the deduction?	How often?
Health Insurance Premiums	\$	
Health Care Savings Account	\$	
Parking and Transit Cost	\$	

Group Life Insurance Premiums	\$	
Retirement Contributions	\$	
Flex Savings Account for Child Care or Other Dependent Care	\$	
Other Deductions	\$	

SECTION 4	Employer Comments
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SECTION 5	Signature and Date	
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	SIGNATURE – Employer/Designee	Date Signed
	Print Name – First, Last, and Middle Initial	Phone Number
	Title	Fax Number (if available)

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