



 a partner in the Smart Start network



### EMPLOYER WAGE VERIFICATION

To be completed by employer only!

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Gross Salary: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Working Days: \_\_\_\_\_ Working Hours: \_\_\_\_\_

\_\_\_ Weekly \_\_\_ Bi-weekly (every 2 Weeks) \_\_\_ Semi-monthly (twice monthly) \_\_\_ Monthly

I attest that the information stated above is true and accurate and will be used for determining program eligibility for the above named employee.

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Printed Name Title

FOR OFFICE USE ONLY

Employer Contact Person: \_\_\_\_\_ Verified On: \_\_\_\_\_  
Date/Time

Verified By: \_\_\_\_\_

