



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: _____