

Summer Transition Program Employment Verification Form

*****This form should be used if no other written financial verification (paystub, etc.) is available*****

The below named individual listed your company as their place of employment. In order to provide services to your employee's child, it is necessary that we verify his/her employment.

Employee Name: _____

Please complete the questions on the as fully as possible. Please sign, date and return this information within **5 days** to ensure services can be provided in a timely manner.

Authorization to Release Information

I, _____, hereby authorize my employer to furnish complete information about my earnings to _____

Signature Date

Employee Information

Name and address of employee from your records: _____

Beginning date of employment: _____ Job title of the employee: _____

Gross rate of pay: \$_____ per _____

Number of hours per week this employee is scheduled to work: _____

Employee is paid (Check which apply): Daily:____ Weekly:____ Bi-weekly:____ Semi-monthly:____
Monthly:____

Please complete the following chart for the last _____ weeks. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Tips (if applicable)

*DO NOT include advance EITC payments in Gross Earnings

Do you expect a change in pay? Yes No

If yes, what change do you expect? _____ When? _____

If the employee is no longer employed, what was the last date this employee worked? _____

Name of person completing this form: _____

Title: _____

Phone: _____

Email address: _____

(The person completing this form agrees to be contacted for clarification if needed)