

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: _____

Page 1 of 2

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:
