

VERIFICATION OF EMPLOYMENT

RE:				
	Applicant/Tenant Name	Address	City, State	Zip Code
	Applicant/Tenant Signature		Social Security Number	
TO BE	COMPLETED BY EMPLO	OYER:		
1. Date	of Employment			
2. Date	of Termination (if applicable)		
	of Interim Separation			
4. Date	Returned to Work			
5. Date	salary/hours increased/decrea	sed		
6. Curre	ent Gross Wages: \$	Per Hour	\$	_ Per Week
. Hour	s worked per week	Overtime	Hours	
3. Amo	unt deducted for Medical and	Dental Plan \$		
. Amo	unt deducted for Savings Plan	(Credit Union, 401K, Etc	.) \$	
0. Am	ount deducted for Child Suppo	ort \$		
1. Add	litional Comments	2		
	dersigned hereby certifies the spects and is signed under t		plied is timely ar	nd accurate
lame o	f Company Signature of Company Representative			
ddress		City	State	Zip
Date		Telephone Number		0