|  |
| --- |
| VERFICATION OF EMPLOYMENT(To be completed by employer) |
| Employee Name | Job Title |
|  |  |
| Currently Employed | Current Wage/ Salary |
|  |  |
| Date first employed: |  | Last day of employment: |  |
|  |  |
| Average number of regular hours per week: | Overtime rate per hour: |
|  |  |
| Average number of overtime hours per week: | Shift differential rate: |
|  |  |
| Average number of shift differential hours per week: | Commission, bonuses, tips: |
|  |  |
| Anticipated changes in Employees pay rate in next 12 months: |  |
| Effective Date: |  | Employer Name: |  |
| Additonal Remarks: |  |
|  |
|  |
| Signature: |  | Date: |  |
| Position: |  |  |

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