|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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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