



Wage Verification Form

Employee Name	Date of Birth
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This form must be completed by the employer when the employee cannot provide pay stubs. By filling out and signing the wage verification form, the employer gives permission to be contacted regarding the information on this form, if necessary. Please verify employment information for the last 30 days for the employee listed above.

1. Is this person currently employed by you or your company?

☐ Yes Beginning date of employment: _____

☐ No (skip to question 4)

2. Hourly Pay Rate: \$ _____ Estimated number of hours worked weekly: _____

- OR -

Annual Gross Salary: \$ _____

3. How often is the pay received? ☐ Daily ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly

4. If the individual is no longer employed by you, complete the following information:

Reason for termination of employment: ☐ Quit ☐ Terminated ☐ Laid off ☐ Other: _____

Last Day Worked: _____ Date final pay received: _____

Employer Name:	Phone Number:
Address	

Employer Signature and Title:
Date: