Wage Verification Form

I hereby authorize my employer to release the following information to the Department of Human Services.

_____ _____
Client Signature Date

The following should be completed by the employer.

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Employee's Name: _____

Social Security Number: _____

Start Date: _____ Estimated Completion Date: _____

Gross Salary: _____ Hourly Rate: _____

Pay Period: Weekly _____ Biweekly _____ Twice Per Month _____ Monthly _____

Hours Worked	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

If irregular hours are worked, please give average hours worked per week _____.
If irregular hours are worked please mark the shifts that they may work:

Days: _____ Evenings: _____ Overnight: _____ Weekends: _____

Comments: _____

_____

Employer Signature: _____

Title: _____ Date: _____