



Employment Verification Form

Local Delegate Agency Contact Information:

If pay stubs are not available, the customer's employer must complete the Employment Verification Form.

Employee Name: _____ Date: _____

Employee Signature: _____

Occupation: _____

Business Name (please print): _____

****To be completed by the Employer Only****

Please complete the below information, sign and return to the agency listed above. Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 30 days from the date above or attach a copy of pay stubs.

Date issued:	Gross pay amount:	Medical Deductions:

Employer Address: _____

Employer Signature (required): _____ Date: _____

Employer Name (print): _____ Contact Phone Number: _____