



### EMPLOYMENT VERIFICATION

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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EMPLOYEE: \_\_\_\_\_

POSITION: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_

Termination/Resignation Date (if applicable): \_\_\_\_\_

Regular Workdays: \_\_\_\_\_ to \_\_\_\_\_

Regular Work hours: \_\_\_\_\_ to \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Effective Date of Salary Increase: \_\_\_\_\_

Overtime Rate (if applicable): \_\_\_\_\_

Employee Paid:

- Weekly
- Bi-weekly (10 Days)
- Semi-monthly (15 Days)
- Monthly

List gross earnings for the month of: \_\_\_\_\_ to \_\_\_\_\_

Date Paid	Hours Worked	Gross Earnings

\_\_\_\_\_  
**Employer's Signature**

\_\_\_\_\_  
**Date**

Thank you for your assistance and cooperation.

\_\_\_\_\_  
Signature WIC Staff

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