

PAY HISTORY VERIFICATION FORM

Section A:	Employee Information	<i>Use Ink ONLY -White-out NOT accepted</i>
Customer Name:		*SSN:
Mailing Address, City, State:		Phone Number:

Employee Hire Date: _____

How many work hours does the employee average per week? _____

How often is he/she paid? Weekly Bi-Weekly Twice a month Monthly

Hourly Rate of Pay: \$

Rate of Pay if Salaried: \$

Section B:	Only Complete this section if employee has been employed longer than 3 months
<input type="checkbox"/> Paid weekly provide **gross amount for current 13 pay periods;	Employee was paid total gross of \$ _____ Please list total hours worked for the current 13 pay period _____
<input type="checkbox"/> Paid bi-weekly provide **gross amount for current 7 pay periods	Employee was paid total gross of \$ _____ Please list total hours worked for the current 7 pay periods _____
<input type="checkbox"/> Paid twice per month provide **gross amount for current 6 pay periods	Employee was paid total gross of \$ _____ Please list total hours worked for the current 6 pay periods _____
<input type="checkbox"/> Paid monthly provide **gross amount for current 3 pay periods	Employee was paid total gross of \$ _____ Please list the total hours worked for the current 3 pay periods _____
** If Total Gross includes Bonus/Lump Sum/incentives Please list amount \$ _____ How often received _____	

PERMISSION FOR RELEASE OF INFORMATION I hereby give my permission to release information required on this form.
Signed _____ Date _____

Section C: EMPLOYER INFORMATION	
Company Name:	Company Address, City, State:
Company Representative Signature:	Date:
Company Representative Printed Name:	Phone Number:
Title:	