WORKFORCE SOLUTIONS
PANHANDLE
A proud partner of the americanjobcenter network

PAY HISTORY VERIFICATION FORM

Section A:	Employee Information	*Use Ink ONLY -White-out NOT accepted*

Customer Name:	*SSN:
Mailing Address, City, State:	Phone Number:

Employee Hire Date:_____   RETURN FROM LEAVE OF ABSENCE_____

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

☐ 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_____

☐ 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_____

☐ 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_____

☐ 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:	