

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 Date: _____	
How many work hours does the employee average per week? _____	
How often is he/she paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> 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:	