

**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: \_\_\_\_\_