



EMPLOYMENT VERIFICATION

Employer's Name: _____

Address: _____ Phone: _____

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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