



Employment Verification Form

Fee assistance is authorized for 60 days to allow spouses to submit 1 month's worth of consecutive paystubs verifying employment. The Employment Verification Form should be filled out and signed by the spouse's employer.

RE: Family ID# _____

Name of the Employer: _____

Address: _____

Phone Number: _____

This is to certify that _____ holds the position of
(Employee Name)

_____.

Start date of position: ___/___/___

Position Type: permanent temporary position (please list end date) ___/___/___

Pay rate: \$_____ hourly weekly bi-weekly semi-monthly monthly

Number of work hours per week: _____

Pay Frequency: hourly weekly bi-weekly semi-monthly monthly

Name of the personnel officer

Title

Signature of the personnel officer

Date