Volusia County
FLORIDA

VOLUSIA COUNTY HUMAN SERVICES

EMPLOYMENT VERIFICATION REQUEST
THIS FORM MUST BE COMPLEETED BY THE EMPLOYER

*HEAD OF HOUSEHOLD:*_____

EMPLOYEE NAME: _____ *SSN* _____

EMPLOYEE ADDRESS _____

Average no. of hours worked per week	Straight time:			Overtime:		
Pay Periods: (Please check one)	☐Wkly	☐Bl-wkly	☐Mthly	☐Bl-Mthly	☐Other	Explain
Is this position seasonal or sporadic?	☐Yes	☐No				
If yes, give periods of layoff						
Current pay rate	$_____ per _____			Overtime rate $_____ per _____		
	Hours Worked_____			# Days Worked _____		
Expected change in rate of pay:	$_____ per _____			Effective date:		
Amount of bonus, incentive pay, commission, and/or tips:				$_____ per _____		
Does employee receive vacation with pay?	☐Yes	☐No				
Does employee receive sick leave with pay?	☐Yes	☐No				
Amount deducted for medical/hospital insurance				$_____ per _____		

*ORIGINAL OR REHIRE DATE:*_____

EMPLOYEE'S POSITION OR JOB TITLE: _____

DATE OF TERMINATION: _____

DATE & AMOUNT OF LAST PAY: _____

*****PLEASE COMPLETE REVERSE SIDE*****
RECORD OF PAY RECEIVED

DATE PAY PERIOD ENDS	DATE PAY RECEIVED	# OF HOURS WORKED	TIPS	GROSS EARNINGS	NET PAY

IF HOURS OR RATE OF PAY HAS VARIED IN THE ABOVE PERIOD, PLEASE STATE WHY:

_____

_____

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS FORM IS TRUE. I UNDERSTAND THAT IF I WILLFULLY PROVIDE FALSE INFORMATION, I MAY BE PROSECUTED FOR FRAUD.

PRINTED NAME OF PERSON COMPLETING FORM ***TITLE***

SIGNATURE OF PERSON COMPLETING FORM

NAME OF BUSINESS ***TELEPHONE #***

ADDRESS ***DATE COMPLETED***

CITY *STATE* *ZIP*