



VOLUSIA COUNTY HUMAN SERVICES

EMPLOYMENT VERIFICATION REQUEST

THIS FORM MUST BE COMPLETED BY THE EMPLOYER

(Please attach a copy of your W-9, employer identification number or business license)

EMPLOYEE NAME: _____ SSN: _____

EMPLOYEE ADDRESS: _____

CITY: _____, STATE: _____ ZIP CODE: _____

Average no. of hours worked per week	Straight time:			Overtime:		
Pay Periods: (Please check one)	<input type="checkbox"/> Wkly	<input type="checkbox"/> BI-wkly	<input type="checkbox"/> Mthly	<input type="checkbox"/> BI-Mthly	<input type="checkbox"/> Other	Explain
Is this position seasonal or sporadic?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does employee receive sick leave with pay? <input type="checkbox"/> Yes <input type="checkbox"/> 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