Fuel and Electric Assistance Program

Employment & Earnings Verification

By signing below, I authorize the release of information regarding verification of my GROSS wages for the income period listed below.

Employee's Name: _____ SS # _____

Employee Signature: _____ Date _____

The below info must be completed by the employer or authorized representative, not the employee. Incomplete forms or forms with alterations, erasures, cross outs, or white outs will not be accepted.

Company Name _____ Hire Date _____

Termination Date (if applicable) _____ Final Check Date _____

Day of week paycheck is received (circle one): Mon Tue Wed Thu Fri Sat Sun

Paid how often (circle one): Weekly Bi-weekly Other_____

Does employee earn commission? ☐ Yes ☐ No If yes, please provide amount received in past 365 days:

From ____/____/____ To ____/____/____ Total GROSS Commission Paid (before deductions): _____

Please list the **gross pay** received by the employee for the dates listed below. Please include all bonuses, overtime wages, vacation and sick pay, tips, and any severance pay.

From _____/_____/_____ To _____/_____/_____

	Check Date (NOT period end date)	**Gross Pay**	**Tips/Other Wages** (If applicable)	**Child Support Paid** (If applicable)
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Current Year to Date Amount:				

By signing this form, I assert that the above information is complete, accurate, and true.

Employer or Authorized Rep Printed Name **Title**

Phone Number **Email Address**

Employer or Authorized Rep Signature **Date**