



CHANGE IN EMPLOYMENT VERIFICATION

All of the information below is required from your employer.
They may complete this form or provide the information in a separate statement.

Employee name: _____

Last four digits of Social Security number: _____

Employer: _____

The change will be (check all that apply):

- Job Title: _____
- Increased pay Decreased pay
- Hours increased Hours decreased
- Other (describe): _____

The change will begin on: _____
Date

The *hourly* wage will be: _____ plus _____ in tips/commissions.

The anticipated hours per week will be: _____

The first paycheck with this change will be received on: _____
Date

- Paychecks are issued:
- weekly
 - biweekly (every other week)
 - semi-monthly (twice a month)
 - Other: _____

Supervisor's signature

Phone number

Date

Supervisor's printed name

Supervisor's title

Employer's address