



170 Market Place Blvd
 Knoxville, TN 37922
 Phone: 844-742-3822
 Fax: 865-243-2689

Verification of Employment

Dear Employer,

We are asking for your help in obtaining wage information on the following employee. Please fill out the information requested below in its entirety.

If you prefer to send a payroll printout instead of completing the form, please include an explanation of the items on the printout if deemed necessary.

THIS SECTION TO BE COMPLETED BY HR / MANAGEMENT

 Employer (Company) Name and Address

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Hire Date: _____
 No _____ Last Day of Employment: _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly
 - semi-monthly monthly yearly other

Average # of regular hours per week: _____ # of overtime hours per week: _____

Year to Date Gross Income: \$ _____ As of ending date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional remarks: _____

 Signature (Management/HR) Printed Name & Title Date

 Phone # Fax # E-mail