

Four (4) weeks of current and consecutive paystubs are preferred for proof of employment. These will be required at your next interview. There should be no edits on the form such as erases or whiteout.

## This form may be used for new employment

## THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY

Name of Employee					SSN:			
Address:								
	Type of Work Performed:							
Number of Hours V	Vorked Per	Week:		Number of Da	ays Worked p	er Week:		
How often is the er								
Rate of pay: \$								
		Hr/Day/Wk			(Explain)			
Date current emplo	yment beg	gan or date	e returned to	work:		<u></u>		
Does the employee						☐ Yes ☐ N	0	
Does the employee								
Record of Pay Re		•	e below, list	the gross am	ounts and da	ites of checks	or cash	
that were paid for t	the last six	weeks:						
The employ	ee is naid	d via □	Cash □ (	Company (	heck 🗆 I	Personal Cl	heck	
····o opio,	00 10 pan							
	e Pay	ate of Pay	Number of Hours	Number of Overtime	Tips	GROSS	NET Earn	
Ending Rec	eived '`		Worked	Hours		Earnings		
<b>Employer Inform</b>	ation:	Į.			1	<u> </u>		
declare that the a				-	•	_		
f I knowingly give	_			•		-	-	
consent to the Earl				• •	-			
amilies, and the D	ivision of h	'ublic Assis	stance Fraud	to make inqu	ury into all st	atements ma	de above	
Signature of Employer			Print Na	Print Name (Employer)		Employer's Title		
Nam		Telephone Number						
		Date Completed						
	Address			Jule Completed				

