

WAGE VERIFICATION FORM

I, _____ [Employee's Name], hereby authorize _____ [Employer's Name] and its representatives to disclose and release the details of my wage information to the following party:

Verifier Information:

Name of Verifier: _____
Verifier Agency/Company Name: _____
Address: _____
Phone Number: _____

Information to be Released:

- Details of my employment, including wage amount, pay frequency, and employment status.
- Any other relevant information necessary for wage verification purposes.

Purpose of Release:

This release is provided for the purpose of verifying my wages as required for _____ [Reason for Verification].

Duration of Authorization:

This authorization shall remain valid until _____ [Optional Expiration Date] or until revoked by me in writing.

Certification:

I certify that I am employed by _____ [Employer's Name] and that the information provided in this release form is true and accurate to the best of my knowledge.

Employee Signature: _____
Print Name: _____
Date: _____

THIS SECTION IS FOR COMPLETION BY THE EMPLOYER

Please complete the section below and return this form by: (Check applicable)

- Mail: _____ [Address]
 Fax: _____ [Fax number]



Email: _____ [Email]

Employee Information:

Employee Name: _____

Address: _____

Phone Number: _____

Email: _____

Wage Information:

Job Title: _____

Employment Start Date: _____

Employment Status: Full-Time Part-Time Temporary Other: _____

Pay Frequency: Weekly Biweekly Monthly Other: _____

Gross Wage Amount: \$ _____ per Hour Week Month Year

Overtime (if applicable): \$ _____ per Hour Week Month Year

Additional Compensation (if applicable):

Bonuses: _____

Commissions: _____

Other Compensation: _____

Employer Information:

Company Name: _____

Address: _____

Phone Number: _____

Email: _____

Employer Representative Information:

Representative Name: _____

Phone: _____

Email: _____

Additional Notes or Comments:

Certification:

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that providing false information may result in consequences as permitted by law.

Employer Representative Signature: _____

Date: _____

