

# EMPLOYEE/EMPLOYMENT VERIFICATION FORM

*To be completed by Employer/Supervisor/Authorized Staff Only*

Name of Employee: \_\_\_\_\_ Today Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Please complete the sections below and return this form to the City of Kenosha Housing Authority: 625 52<sup>nd</sup> Street, Rm 98 Kenosha, WI 53140. You may fax the completed form to 262-653-4114.

## Employment Dates:

Date Employment Began: \_\_\_\_\_ Date Employment Ends or Ended: \_\_\_\_\_

## Current Salary Information:

Average Hours per Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Salary Amount: \_\_\_\_\_

Average Overtime Hours per Week: \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

Pay Frequency  Bi-Weekly  Weekly  2 x Month

Thank you for your time and assistance

## Employer Signature:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_