SC WORKS
LOWER SAVANNAH A proud partner of the AmericanJobCenter network

EMPLOYMENT VERIFICATION REQUEST FORM

Employer Address:	**Mail Back To:**
Employer Telephone Number:	
Fax Number:	
Date Submitted for Verification:	

Customer/ Employee Name:	**SCWOS SID#:**

MY PERMISSION IS GRANTED TO RELEASE THE INFORMATION REQUESTED BELOW.

WIA Customer or Employee's Signature ***Date***

Employer, Please Complete all of the Following Information:

Official Job Title of Employee:

Date Employed:

Is the Employee currently employed? ☐Yes ☐No If No, please give Termination/Discharge Date:

Normal hours worked per week: **Overtime** hours worked per week:

Hourly Wage Rate When Hired: $ Current Hourly Wage Rate: $

Or Salary: $

Do you report your wage earnings to Unemployment Insurance? ☐Yes ☐No

If No, please note that the Department of Labor's Workforce Investment Act requires that wages not collected under UI be documented and verified by Supplemental Data. Please complete the information contained below and return to the requesting agency listed above. This Supplemental Data that you are completing below is strictly to verify the wages reported above for our Performance Standards. *In addition to the fixed hourly wage rate, the employee has earned approximately $ _____ in bonuses, incentives, overtime, tips, etc. Please specify the type of additional earnings.*

Position Type: ☐Part-Time ☐Full-Time **Position Pays Fringe Benefits: ☐Yes ☐No**

(The Employer provides the individual with fringe benefits consisting of at a minimum, health insurance benefits and coverage under Social Security or an equivalent pension plan. Note that it is not necessary for an individual to actually receive benefits when employment begins as long as there is an acknowledged component of employment conditions. For example, health benefits that are refused because of availability from another source both count as employer-assisted benefits.)

Typed Name and Title of Person Authorized to Verify Employment

Signature of Person Verifying Employment

Date Signed ***Phone Number of Person Verifying***

EMPLOYMENT EARNINGS VERIFICATION

Earnings for First Quarter: $

Earnings for Second Quarter: $

Earnings for Third Quarter: $

Earnings for Fourth Quarter: $

Termination/Discharge Date (if applicable):

Typed Name and Title of Person Authorized to Verify Employment

Signature of Person Verifying Employment

Date Signed ***Phone Number of Person Verifying***