



SCHA VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Income Information

Base Pay: \$ _____

Per (check one): Year Month Week Hour Other: _____

Year-to-Date Earnings: \$ _____ YTD From: _____ YTD To: _____

Overtime Hours per Week: _____ Overtime Pay Rate: \$ _____

Average Shift Differential Hours per Week: _____ Shift Differential Rate per Hour: \$ _____

Does this employee receive? (check all that apply) Bonuses Tips Commission None

Average bonus/tips/commission: \$ _____

Per (check one): Year Month Week Hour Other: _____

Are bonus/commissions/tips guaranteed? Yes No Explain: _____

Date of Next Pay Increase (if known): _____

Amount of Next Pay Increase (if known): \$ _____

Additional Employer Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative

Date

Printed Name, Title

Email

Phone