

Dear Employer:

Please complete the information below to confirm earnings of your employee,

\_\_\_\_\_.

Thank you.

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This statement is to confirm that \_\_\_\_\_ received  
\$\_\_\_\_\_ in gross income before deductions. This amount is paid:

- Weekly
- Every two weeks
- Monthly
- Other – Explain:

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
Title & Name of Company or Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Business Hours/ Best Time to Call

This institution is an equal opportunity provider.