Wage Verification Form

The individual named below is an applicant of a program that requires verification of income for the purposes of wage reimbursement. Please provide the following information for the employee named below. Prompt completion and return of this form will ensure timely processing of the application.

Employee Information <u>Provided by the Employee</u>

Employee First Name:

Last Name:.

Employee Date of Birth (MM/DD/YYYY):

Employer Information

Employer (Company):

Address:

City:

State:

Zip code:

Country:

Employee Information <u>Provided by the Employer</u>

Employee Occupation:

Presently Employed: ☐ Yes ☐ No

How is the employee paid (select one)?

☐ Hourly wage   Current hourly wage: $

☐ Annual salary   Current annual salary $

☐ Other   Please explain and provide amount:

We will use this information to determine an hourly rate for the employee even if the individual is currently paid an annual salary. This will only include wages and not any fringe benefits. A wage calculator is available at https://www.livingdonorassistance.org/Resources/LostWagesDemo/PayCalculator to demonstrate how annual salary converts to hourly wages.

Average # of regular hours per week:

Average # of overtime hours per week, if any:

Overtime Rate (per hour), if any: $

Does employee receive non-wage compensation such as tips? If yes, please describe.

☐ Yes   Please describe:

☐ No

Is the employee eligible for **paid time off** (i.e. earned sick, leave, or other comp/admin time)?

☐ Yes   ☐ No

If yes, how much paid time off is available to the employee?   ☐ Days   ☐ Hours

Is the employee required to use all available **paid** leave before being able to take unpaid leave?

☐ Yes   ☐ No

Is the employee entitled to any other benefits under a wage or salary continuation plan (e.g. short-term disability)?

☐ Yes   ☐ No

If yes, amount available: $ ☐ per day   ☐ per week   ☐ per month

Additional comments:

Is employee eligible for **unpaid time off** (i.e. FMLA, unpaid leave, etc.)

☐ Yes   ☐ No

Additional remarks: [   ]

☐ This information is true and correct as taken from the employer's payroll records.

Signature: _____

First Name: [   ]

Last Name: [   ]

Title: [   ]

Contact Information (phone or email): [   ]

Date: _____/_____/_____