

Verification of Employment Change Form

TO BE COMPLETED BY EMPLOYER

Employee Name: _____ **Social Security #:** _____

The above person has indicated that s/he is employed with your business. Please complete the following information and return to employee or directly to Jefferson County at fax number: 303-271-4447

Attn: _____ . We appreciate your time and assistance.

Name of Business: _____

Business Address: _____

City/State

Type of Change: Schedule Income Other (please specify): _____

First day of change: _____ First Check Date w/changes: _____

UPDATED WEEKLY WORK SCHEDULE:

SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS PER WEEK

If varied schedule please mark any regular days off (OFF) in box above and fill out varied schedule information below:

If **VARIED** schedule: Average hours per week _____ (min #hrs) _____ (max #hrs)

Earliest time in _____ Latest time out _____

Rate of pay: _____ Monthly Gross Wages: _____ Taxes Withheld No Yes

Additional income (overtime/commission/bonuses/tips*) No Yes (if yes complete the following)

How much: _____ How often: _____

*If tips, what percentage is reported: _____

**If newly employed, what is the lowest starting commission/tips that can be made \$ _____?
what is the highest starting commission/tips that can be made \$ _____?

I confirm that the above information is complete and accurate:

Printed Name

Title

Phone Number

Signature

Date