

# Verification of Employment

**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

First day of Employment: \_\_\_\_\_ First Check Date: \_\_\_\_\_

**WEEKLY WORK SCHEDULE: (Please list typical schedule i.e. 9-5)**

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

How often paid?  Weekly  Bi-weekly  Semimonthly  Monthly /Other \_\_\_\_\_

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 of Employer/Supervisor

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Signature of Employer/Supervisor

\_\_\_\_\_  
Date