STATE OF WISCONSIN

EMPLOYER VERIFICATION OF EARNINGS

_____TO BE COMPLETED BY THE EMPLOYER _____

EMPLOYEE, Please return this original (not a copy) to
State of Wisconsin, P.O. Box 6530, Madison, WI 53716-0530 by :

EMPLOYER INFORMATION **EMPLOYEE INFORMATION**

EMPLOYER: We require employment and wage information concerning the employee named above. Please complete and return to the employee as soon as possible so s/he can return it by the date above. If you have questions, please call

(Additional instructions are included on the back of this form.)

EMPLOYMENT INFORMATION

Is the employee listed above currently employed by your company? ◯ Yes ◯ No

If "No", Indicate employment end date ___/___/___ (MM/DD/YY)

Reason employment ended ◯ Never Employed ◯ Laid Off ◯ Quit ◯ Strike ◯ Fired ◯ Other

Date of last paycheck ___/___/___ (MM/DD/YY)

If "Yes", Start date of employment ___/___/___ (MM/DD/YY)

Date first paycheck received ___/___/___ (MM/DD/YY)

WAGE INFORMATION

Please provide an estimate of the following wage information for the next 30 days.

Type of pay	Average Hours Per WEEK	Rate of pay PER HOUR
Regular	___	$ ___.___
Holiday Pay	___	$ ___.___
Other Shift Pay	___	$ ___.___
Overtime Pay	___	$ ___.___
Weekend Pay	___	$ ___.___
Other Pay Type	___	$ ___.___
Salary	___	
Bonus & Commissions	___	
Cash Tips	___	

Gross Pay Per PAY PERIOD
(Required only if pay type is salary, bonus & commissions or cash tips)

$ ___,___.___

$ ___,___.___

$ ___,___.___

Frequency of pay: ◯ Weekly ◯ Bi-Weekly ◯ Semi-monthly ◯ Monthly ◯ Irregular

Signature of the Employer / Designee: _____ Date: ___/___/___

Title: _____ Tel: ___-___-____

Email: _____ FAX: ___-___-____

For Office use only

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