

Clermont Metropolitan Housing Authority
65 South Market Street
Batavia, Ohio 45103
Phone (513) 732-6010
Fax (513) 732-6520

EMPLOYMENT VERIFICATION

Employee Information

Name _____ Date: _____

Address _____

Title, position or work description _____

Hire/Rehire date _____ Termination date _____

Number of hours hired to work _____ How often paid? _____

Hourly Rate \$ _____ Overtime rate \$ _____ Estimated Tips per pay period \$ _____

Effective Date for New Hourly Rate _____

Does this employee receive sick leave with pay? _____

Does this employee receive vacation with pay? _____

Amount deducted for medical/hospital insurance \$ _____ per _____

If seasonal employment, please give lay-off dates _____

Pay History for the past 4 pay periods:

1. Date _____ Hours worked _____ Tips/Bonus _____ Gross pay _____

2. Date _____ Hours worked _____ Tips/Bonus _____ Gross pay _____

3. Date _____ Hours worked _____ Tips/Bonus _____ Gross pay _____

4. Date _____ Hours worked _____ Tips/Bonus _____ Gross pay _____

Employer Information

Name: _____

Address: _____

Phone Number _____ FAX: _____

Signature of authorized representative _____

Title or position _____ Date _____