



# Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

## 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 \_\_\_\_\_