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_____
5. Date_____Hours worked_____Tips/Bonus_____Gross pay_____
6. Date_____Hours worked_____Tips/Bonus_____Gross pay_____
7. Date_____Hours worked_____Tips/Bonus_____Gross pay_____
8. Date_____Hours worked_____Tips/Bonus_____Gross pay_____
9. Date_____Hours worked_____Tips/Bonus_____Gross pay_____

Employer Information

Name:_ _ _____
Address: _____
Phone Number _____ FAX: _____
Signature of authorized representative _____
Title or position _____ Date _____