



STATEMENT OF EARNINGS VERIFICATION

This form is to be used for employees receiving salary, on leave or vacation (during any period), fluctuating pay and new hires.

Student's Name: _____

Employer:

Company/Business Name

Date

Address

City, State and Zip

Phone

I verify that _____ is an employee at this establishment.

| | | | |
|--|--|----------------|--|
| Date of hire | | Rate of pay | |
| Workday hours | | How often paid | |
| Days worked | | | |
| Description of work and pay per month. | | | |

I hereby declare or affirm under penalty of perjury that all the above information is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths.

PLEASE NOTE: "Perjury is punishable by imprisonment in the state prison for two, three, or four years" – PC section 126

Signature of employer, manager, or supervisor

Employee's signature

For any questions, please contact: (559) 457-3416.