

To Whom It May Concern:

Employer's Printed Name

Please verify employment for	
Claudia Salcedo (407) 399-0007	
THIS SECTION TO BE COMPLETED BY THE EMPLOYER	
Employee Name:	
Job Title:	
Presently Employed:YesNo	
Date first employed:	
Last Day of Employment:	
Average # of regular hours per week:	
Current Wages/Salary: \$	
HourlyWeeklyBi-weekly	Semi-monthlyMonthlyYearly
Year to Date earnings: \$ thru	//
Overtime Rate: \$/ per hour Averag	e # of overtime hours per week:
Shift Differential rate: \$/ per hour Average	# of shift differential hours per week:
Commissions, Bonuses, Tips, other: \$	
HourlyWeeklyBi-weekly	Semi-monthlyMonthlyYearly
List any anticipated change in employee's rate of pay	y within the next 12months:
Effective Date:	
If the employee's work is seasonal or sporadic, pleas	e indicate the layoff period(s):
Additional Comments:	
Employer's Signature Date	Phone Number

Employer Title