

Employer Information Sheet

Please have your supervisor or human resources staff complete this form

Employment information			<input type="checkbox"/> Not Applicable
1. Employer Name:			
2. Name of Employee:			
3. Hourly Wage/Salary:	4. Date of Hire:	5. Date of Rehire:	
6. Does the schedule include a 30 min unpaid break?	7. Are you paid weekly, bi-weekly, or monthly?		
8. Does this position receive tips, commission, overtime, or bonuses? If yes, you must supply paystubs.			

Employee's Work Schedule: (example: 8am – 5pm)							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours

Note: If the employee's schedule varies, please indicate work schedule for the past four (4) weeks. If the employee has not been employed for a full four (4) weeks, please estimate expected hour for the remaining weeks

Week Beginning/end dates (mm/dd/yr. – mm/dd/yr.)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours

I certify under penalty of perjury that to the best of my knowledge the above information is true.

Human Resource/Supervisor Name (Print): _____

Human Resource/Supervisor Signature: _____
 *Typed Signature not accepted

E-Mail Address: _____

Phone: _____

Date: _____