



Wake ThreeSchool Employment Verification Form

Child's Name: _____ DOB: _____

Name of Employer: _____

Employer Address: _____

Verification of Employment for (*Employee Name*): _____

Employee has been employed since: _____ / _____ / _____

Employee holds a (*select one*):

- ☐ Full time position (40 hours worked per week or more)
- ☐ Part time position (25 hours worked per week or less)

Employee frequency of pay (*select one*):

- ☐ Weekly
- ☐ Biweekly/Twice Monthly
- ☐ Monthly

Salary rate (*provide one*):

- ☐ Hourly \$ _____
- ☐ Annual Salary \$ _____

Employer/Supervisor Name: _____

Employer/Supervisor Title: _____

Employer/Supervisor Phone number: _____

Employer/Supervisor Email address: _____

Employer/Supervisor Signature: _____

Date: _____ / _____ / _____

If further information or clarification is needed Wake ThreeSchool staff will contact you.