



737 Reba Place. Suite B. Evanston IL. 60202  
 Ph: 847-868-1464 Fax: 847-328-8431

# Verification of Employment

## Employment Information

Name of Business:	Supervisor:
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Business Address:

City:	State:	Zip:
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Email:	Phone:	Fax:
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Name of Employee:

Position:	Start Date _____
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(Mark the Box) Frequency of Pay		(Please fill out) Rate of Pay
Daily-each day <input type="checkbox"/>		Hourly Pay Rate: \$____.____
Weekly-once per week <input type="checkbox"/>		OT Pay Rate: \$____.____
Bi-weekly-every other week <input type="checkbox"/>		Annual Salary: \$____.____
Semi monthly-twice per month <input type="checkbox"/>		Average HRS worked per week: _____
Monthly-once per month <input type="checkbox"/>		

Signed by Supervisor: _____	Date: _____
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Printed Name: \_\_\_\_\_

[rentals@rebaplacedevelopmentcorp.org](mailto:rentals@rebaplacedevelopmentcorp.org)