

Projected overtime: _____

Number of hours worked last month: _____

Number of hours worked last two (2) months: _____

F. Commissions: _____
Current Projected

Past Month Past Two (2) Months

G. How often is employee paid?: _____

H. Year to date gross earnings: _____

The information supplied on this document is furnished in strict confidence, in response to your request.

Date

Signature of Employer

Phone Number

Title and Office

Name and Address of Employer: _____

