



### Wage Verification Form

I, \_\_\_\_\_ certify that \_\_\_\_\_  
*(Employer Name)* *(Employee Name)*

is employed with \_\_\_\_\_.  
*(Company Name)*

He/She earns \$ \_\_\_\_\_ Weekly / Bi-Weekly / Semi Monthly/ Monthly *(Circle One)*.

I can be reached at the following telephone number to verify this information:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

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UH Health Family Care Center Staff Use Only:  
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MRN: \_\_\_\_\_

Date Verified \_\_\_\_\_

UH Family Care Center Staff Initials \_\_\_\_\_