Department of Job and Family Services

Russell M. Pry Building
1180 S. Main Street, Suite 102
Akron, OH 44301-1256

844.640.OHIO (6446)
866.351.8292 *Fax*
SummitDJFS.org

Employment/Wage Verification

Employer			Employee name		
Address			Casehead		Case number
City	State	Zip code	Case manager	Telephone number 844-640-6446	Fax number 866-351-8292

I give consent for my employer to furnish the information requested below for use in determining eligibility for assistance.

Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER ONLY – *Please complete the checked areas (if applicable).*

☐ **Date hired**	☐ **Still on payroll** ☐ **YES** ☐ **NO**	☐ **Is this person hired for a set number of hours per week?** ☐ **YES** ☐ **NO**	☐ **If yes, how many?**
☐ **Hourly wage**	☐ **Employee filed for Earned Income Tax Credit?** *(form W-5)* ☐ **YES** ☐ **NO**	☐ **What days will employee work** *(check all that apply)* ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN	
☐ **Pay schedule** ☐ Daily ☐ Bi-weekly ☐ Twice-monthly ☐ Weekly ☐ Monthly ☐ Other _____		☐ **Work Schedule**	
☐ **Worksite** *(if different from employer name)*		What time will employee start work? _____ ☐ AM ☐ PM	
☐ **Date left employment**	☐ **Date and gross amount of last pay**	What time will employee finish work? _____ ☐ AM ☐ PM	
☐ **Reason for leaving**		If the employees hours fluctuate daily/weekly, what is the earliest time he/she will start? _____ ☐ AM ☐ PM	
		What is the latest time he/she will work? _____ ☐ AM ☐ PM	

EARNINGS *(Please include all tips, bonuses and commissions in the gross pay amount)*

Number of current weeks of earnings required at this time for above named employee: ☐ **4 weeks** ☐ **8 weeks** ☐ **From date of hire**

	Date of pay	Gross pay amount	Net pay	Number of hours		Date of pay	Gross pay amount	Net pay	Number of hours
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

Employer certification:

Name of person who completed this form _____ Title _____ Telephone number _____ Fax number _____

Signature _____ Date _____

Additional comments _____

Distribution: Employer, case record

SCDJFS **7002**
Rev 02/25

Proof of Income – Employment verification