

Attn:

Re: Income Loss/Verification for:

Employee ID:

Employee SS No.:

Dear

As you know, I have missed work due to a non-work related incident that occurred on _____ .
Please complete, sign, and return this form to verify the income and perks I would have earned during my absence.

Thank you for your help. Please contact me at _____ or _____
if you have any questions.

Yours truly,

Signature

Employee's Name

Employment/Income Verification

Dates Absent: From _____ to _____

Job Title _____

Wage or Salary \$ _____ Per Hour Per Week Per Day Per Month

Typical Hours Per Day _____ Hours Per Week _____

Overtime Rate \$ _____ Usual Overtime Hours Per Week _____

Perks (Gas allowance, etc.) Per Day/Week \$ _____

Was the employee paid during absence? Yes No Partially

Sick Leave \$ _____ Vacation \$ _____ Other \$ _____

Verified by _____
Signature

Employer's Name

Signed Date