## EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY TPS ADMINISTRATION AND EXECUTED BY PARENT/GUARDIAN

TO: (Name & address of employer)	Date:	
Applicant Name		cial Security Number
		cial Security Number
I hereby authorize release of my employme	ent information.	
Signature of Applicant		Date
The individual named directly above is an a will remain confidential to satisfaction of th		equires verification of income. The information provided onse is crucial and greatly appreciated.
		The Patrick School
Principal, Chris Chavannes		397 Columbia Avenue
	Return Form To:	Hillside, NJ 07205
T	HIS SECTION TO BE COMPLETED	BY EMPLOYER
Employee Name:	Job Title:	
Presently Employed: Yes Date First E	Employed No Last D	ay of Employment
<u>Current</u> Wages/Salary: \$ (cl		
Average # of regular hours per week:	Year-to-date earnings: \$ fr	rom:/ through:/
Overtime Rate: \$ per hour	Average # of overtime hou	ırs per week:
Shift Differential Rate: \$ per hour Average # of shift differential hours per week:		
Commissions, bonuses, tips, other: \$  nourly neekly bi-weekly semi-month List any anticipated change in the employee	nly □ monthly □ yearly □other	; Effective date:
If the employee's work is seasonal or sporae	dic, please indicate the layoff period(s): _	
Additional remarks:		
Employer's Signature	Employer's Printed Name	Date
Employer	[Company] Name and Address	
Phone #	Fay #	F-mail

**NOTE**: The party requesting proof of income may accept your Form 1099-G, which the state workforce agency uses to report unemployment compensation to the Internal Revenue Service and state taxation agency. The form shows the amount of benefits you received during the most recent tax year and the amount of taxes withheld. You may be able to get a copy of your 1099-G by logging into your online unemployment account or calling or visiting the unemployment agency.