

## Verification of Hours

If you work less than 40 hours a week on a regular basis, please have your employer fill out the form below. You must submit this form along with your last 2 check stubs.

Date: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_