

EMPLOYMENT VERIFICATION

EMPLOYER/COMPANY NAME _____	
PHONE _____	CITY, STATE, ZIP CODE _____
COMPANY ADDRESS _____	SUPERVISOR _____
SUPERVISOR TITLE _____	SUPERVISOR'S EMAIL ADDRESS _____

This letter stands as a Verification of Employment for _____
(Printed Name of Employee)

The above-mentioned employee has been employed with (Employer Name) _____
since _____, with the job title of _____.
(insert employee start date) (insert employee job title)

<ol style="list-style-type: none"> 1. The employee works on a _____ full-time _____ part-time basis of _____ hours per week 2. Hourly Rate \$ _____, Annual Rate \$ _____, Next Pay Date _____ 3. Frequency of pay: _____ weekly _____ bi-weekly _____ twice a month _____ monthly 4. Is this employee considered to be a temporary or seasonal hire? _____ a. If yes, what is the employee's last expected date of guaranteed employment? _____ 5. Is the employee on extended leave (maternity, disability, etc.)? _____ a. If yes, on what date did the leave begin? _____ When does the leave end? _____

I understand that the information I am providing is truthful and will be used to determine the above-named employee's eligibility for an apartment or rental property with AJ West Enterprises, LLC. Thank you for completing this form

(Supervisor's Name and Job Title) (Supervisor Signature) (Date)