

Work Income Statement Template

Date: _____

To Whom It May Concern,

This statement is provided for employment income verification purposes.

Employee Information

Full Name _____

Position/Title _____

Department _____

Employee ID _____

Date of Hire _____

Employer Information

Company Name _____

Company Address _____

Contact Number _____

Email _____

Income Details

Type of Employment Full-Time Part-Time Casual/Temporary Contract

Pay Frequency Weekly Bi-Weekly Semi-Monthly Monthly

Base Salary / Wage \$ _____ per _____

Average Hours Worked per Week _____

Overtime, Bonus or Other Compensation _____

Duration of Current Income Level _____

I certify the above information is accurate to the best of my knowledge.

Authorized Employer Signature

Name & Title

Date

