

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	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Contract
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> 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

