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| H:\PublicAffairs\CommOfficer\Graphic Designs\Becky\WDVA Logos\WDVA Signature Exported Files\Print\WDVA_Signature - Black - 300ppi.jpg | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  (608) 266-1311 | 1-800-WIS-VETS (947-8387) |
| **REQUEST FOR VERIFICATION OF EMPLOYMENT** | |
|  | |
| Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]. | |

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| Instructions: **Lender** — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1. **Employer** — Please complete either Part II or Part III as applicable. Sign and return directly to lender named in item 2.  Wis. Stats. Chapter 45 | | | | | |
| **Part I - Request** | | | | | |
| 1. To (Name and address of employer) | | 2. From (Name and address of lender) | | | |
| 3. Signature of Lender | 4. Title | | | 5. Date | 6. Lender’s Number  (Optional) |
| I have applied for a benefit and state that I am now or was formerly employed by you. My signature below authorizes verification of this information. | | | | | |
| 7. Name and Address of Applicant (Include employee or badge number) | | | 8. Signature of Applicant | | |
| **Part II - Verification of Present Employment** | | | | | |
| Employment Data | Pay Data | | | | |
| 9. Applicant’s Date of Employment | 12A. Current Base Pay (enter Amount and Check | | | 12C. For Military Personnel Only | |
|  | Period)  Annual  Hourly | | | Pay Grade | |
|  | Monthly  Other | | | Type | Monthly Amount |
| 10. Present Position | $\_\_\_\_\_\_\_\_\_\_  Weekly (Specify) | | | Base Pay | $ |
|  | 12B. Earnings | | | Rations | $ |
| 11. Probability of Continued Employment | Type | Year to Date | Past Year | Flight or Hazard | $ |
|  |  |  |  |  |  |
| 13. If Overtime or Bonus is Applicable, | Base Pay | $ | $ | Clothing | $ |
| is its Continuance Likely? |  |  |  |  |  |
|  | Overtime | $ | $ | Quarters | $ |
| Overtime  Yes  No |  |  |  |  |  |
|  | Commissions | $ | $ | Pro Pay | $ |
| Bonus  Yes  No | Bonus | $ | $ | Overseas or Combat | $ |
| 14. Remarks (If paid hourly, please indicate average hours worked each week during current and past year) | | | | | |
| **Part III - Verification of Previous Employment** | | | | | |
| 15. Dates of Employment | 16. Salary/Wage at Termination Per (Year) (Month) (Week)  Base \_\_\_\_\_\_\_\_\_ Overtime \_\_\_\_\_\_\_\_\_ Commissions \_\_\_\_\_\_\_\_\_ Bonus \_\_\_\_\_\_\_\_\_ | | | | |
| 17. Reason for Leaving | | 18. Position Held | | | |
| 19. Signature of Employer | 20. Title | | | | 21. Date |
| The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.  The form is to be transmitted directly to the lender and is not be transmitted through the applicant or any other party. | | | | | |