Fresno Unified School District

EARLY LEARNING

STATEMENT OF EARNINGS VERIFICATION

This form is to be used for employees receiving salary, on leave or vacation (during any period), fluctuating pay and new hires.

Student's Name:_____

Employer:

_____ _____

Company/Business Name Date

_____

Address

_____ _____

City, State and Zip Phone

I verify that_____ is an employee at this establishment.

Date of hire		Rate of pay	
Workday hours		How often paid	
Days worked			
Description of work and pay per month.			

I hereby declare or affirm under penalty of perjury that all the above information is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths.

PLEASE NOTE: "Perjury is punishable by imprisonment in the state prison for two, three, or four years" – PC section 126

_____ _____

Signature of employer, manager, or supervisor Employee's signature

For any questions, please contact: (559) 457-3416.