

Employment Verification Form

The FIU Financial Aid Office requests completion of this form to evaluate eligibility for student Financial Aid assistance. If you are a dependent student, please provide an "Employment Verification Form" for both yourself and your parent(s). If you are married, please provide an "Employment Verification Form" for both yourself and your spouse.

SECTION I: Employee's Information Request

Student's Name _____ Panther ID # _____

This form is being completed for ___ Student ___ Spouse ___ Mother/Step-Mother ___ Father/Step-Father

I authorize release of employment information as requested below:

Employee's Signature _____ Date _____

Employee's Name _____ DOB: _____

Employee's Address _____

Company _____ Job Title _____

Company Address _____

If you are not presently employed, indicate your last date of employment ____/____/____
Month/Day/Year

SECTION II: Employer Section (to be completed ONLY by current or previous employer as indicated above)

The individual named in Section I is/was employed beginning ____/____/____
Month/Day/Year

Please check one of the following boxes with regards to the employee's termination

- Is still employed by the company
 Termination effective ____/____/____
 Month/Day/Year

Hourly rate of pay \$ _____ Hours per week _____ **OR** Gross Salary \$ _____ per week month year

Earnings from January 1, 20 _____ to present \$ _____

Projected earnings from present date to December 31, 20 _____ \$ _____

Signature of person completing Employer's Section _____

Print Name and Title _____

Business Telephone () _____
Date _____