

Check Stub Supplemental Information

Applicant/Resident Name:	Tamey	cummin.	ŝ	. Apt. #: 2309	
Employer (Company Name): <u>Fastside</u> <u>Music Schrol</u> Phone #:					
Name of Contact:Title:					
Date of Clarification:/Information Verified By \square Phone \square Email (attach email) \square Check stubs Note to staff: If an applicant/resident was hired in the current year, you must verify the hire date. If they have ended a job within the past 6 months, you must verify Last Date of Employment. If there are additional questions that need clarified, please use a File Clarification form. Questions 1 - 7 are required to be completed:					
1. Hire Date:/_	/	OR Last Date	e of Employment	t:/	
2. Year-to-Date (YTD	2. Year-to-Date (YTD) total income: \$				
YTD start date/ through/					
3. What is the Pay Frequency? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly					
4. Current Rate of Pa	. Current Rate of Pay? \$ per 🔲 Hour 🔲 Week 🔲 Month 🔲 Year				
5. Is the employee Full Time? YES NO (Scheduled for 40+ Hours per week)					
If NO: Number of hours scheduled to work each week? (ask for average # if hours vary)					
6. Overtime rate per	6. Overtime rate per hour \$ Average # overtime hours per week				
7. Will the employee be receiving a raise within the next 12 months? YES NO					
If YES: New hourly	If YES: New hourly rate will be \$ and will be effective/				
8. Does the employee	Does the employee receive cash tips?				
How often? ☐ Wee	How often? Weekly Bi-weekly Semi-monthly Monthly				
9. Does the employee	Does the employee receive bonuses or commissions?				
How often? 🗖 Wee	How often? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly				
10. Shift Differential rate	0. Shift Differential rate per hour \$ Average # of these hours per week				
11. Does the employee	1. Does the employee have access to a Retirement Plan prior to termination or retirement?				
12. If the Applicant/Res	12. If the Applicant/Resident is Seasonal (i.e. school employee) we need the following information:				
Is the employee pai	d over 12 months?	YES NO	If NO, What pe	eriod of time: (days, months)	
Print Staff Name		staff Signature	-	Title	

