



# Florida International University

## 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 \_\_\_\_\_ SS# \_\_\_\_\_

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 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  
 Voluntary Termination effective \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

Involuntary 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 \_\_\_\_\_