



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Student Phone _____

Date _____

EMPLOYMENT VERIFICATION

MESSAGE FOR STUDENT AND PARENT(S) OF DEPENDENT STUDENTS

Submit this verification worksheet with the Special Circumstance Income Reduction Application. Additional information is required in order to further process your request due to loss of employment in your family. Please sign below to authorize release of information and then give this form to your present or previous employer. When this form is completed by the employer, return it with all other forms to the address below. ***If this worksheet is submitted without the Special Circumstance Application, it will be cancelled.***

If you are not presently employed, when was your last date of employment? _____

 Employee Name (Please Print) Relation to Student

 Employee Signature Date

EMPLOYER SECTION: TO BE COMPLETED BY EMPLOYER (CURRENT/PREVIOUS)

PLEASE COMPLETE ENTIRE SECTION.

Company Name: _____

Address: _____

Name of person completing this section (Please Print): _____

Title: _____ Business Telephone: _____ Date: _____

Please complete lines that apply:

The individual named above is/was employed beginning: Month _____ Day _____ Year _____

_____ terminated employment: Month _____ Day _____ Year _____

_____ number of hours per week (prior to termination)

_____ is still employed by the company

_____ number of hours per week

Income: Hourly Rate of Pay: \$ _____ Gross Salary: \$ _____ per _____

Total Earned Year-To-Date: \$ _____

Signature of person completing this section: _____

Return to: Florida State University
 Office of Financial Aid
 Tallahassee, FL 32306-2430
 Fax: (850) 644-6404

Florida State University's Use of Social Security Number policy is available at https://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306

Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@fsu.edu

www.financialaid.fsu.edu

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