

2024-2025 Employment Verification

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/EMPLID: _____

Submit this verification worksheet with the Special Circumstance Income Reduction Application. Additional information is required to process your request due to the loss of employment in your family.

To grant authorization for the release of information, sign the following form and submit it to your current or former employer. Upon completion by the employer, attach this form and all other supporting documents to your Special Circumstance Application.

Employee Name: _____

Last Date of Employment: _____

Relationship to Student: _____

Employee Signature: _____ Date: _____

This section is to be completed in its entirety by a current or previous employer.

Company Name: _____

Company Address: _____

Company Phone Number (With Area Code): _____

Name of Person Completing this Section (Print Please): _____

Title of Person Completing this Section: _____

Please Complete the Applicable Lines Below:

The individual listed above is/was employed beginning:

Employment Terminated.	Date: _____ Number of Hours per Week: _____ Year to Date Gross Salary: _____
Remains Employed by the Company.	Number of Hours per Week: _____ Hourly Rate of Pay: _____ Year to Date Gross Salary: _____

Signature of Person Completing this Section: _____