FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

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 day of employment? _____

Employee Name (please print): _____

Employee Signature: _____

Relationship to Student: _____ Date: _____

THIS SECTION TO BE COMPLETED IN ITS ENTIRETY BY CURRENT OR PREVIOUS EMPLOYER.

Company Name: _____

Address: _____

_____
Name of Person Completing This Section (please print):

_____ _____ _____
Title Business Telephone Date

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

PLEASE COMPLETE APPLICABLE LINES BELOW:

The individual named above is/was employed beginning:Month_____Day_____Year_____

☐ Terminated Employment: Month_____ Day_____ Year_____

Number of Hours per Week (prior to termination) _____

☐ Remains 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:_____

Florida State University's Use of Social Security Number policy is available at
http://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