

STATE OF MICHIGAN
LIVINGSTON COUNTY
CIRCUIT COURT FAMILY DIVISION

REQUEST FOR VERIFICATION
OF EMPLOYMENT

CASE NO.

TO: _____
Name of Employer

Address

I authorize my employer to release the below-requested employment information to the Livingston County Circuit Court-Family Division.

Date

Signature

Soc. Sec. No.

Employee's name (print or type)

Employee hire date: _____

Hourly wage: _____

Average hours worked per week: _____

Weekly pay: _____

Average overtime pay per week: _____

Salary: _____ per _____

Employee's supervisor: _____ Phone No. _____

Date

Signature

Title