

Date Received:	
Logged in by:	
Evaluated by:	
Evaluated on:	

2009-2010 EMPLOYMENT VERIFICATION FORM

UC SANTA BARBARA FINANCIAL AID OFFICE

A. Student Information

_____			Perm Number
Last Name (Print)	First Name	M.I.	Social Security Number
_____			E-mail Address
Address (Include apartment number)	_____		_____
City	State	Zip Code	Phone Number (Include area code)

Be sure to submit a separate Employment Verification Form from all your previous and present employers in 2009

B. Employee Information

To complete your Request for Review Due to Loss of Income, additional information is required to verify your loss of earnings. Please sign below to authorize the release of information and then give this form to your present or previous employer. When the Employment Verification Form is completed by the employer, return it with all other required forms to the address above.

Name of Employee: _____ Relationship to Student: _____
Employee's Signature: _____ Date: _____

C. Employer Section

To be completed by current or previous employer	
Company Name:	_____
Address:	_____
Business Telephone:	_____
Please complete all information that is applicable:	
The individual named above is/was employed beginning:	Month ____ Day ____ Year ____
Ending employment date:	Month ____ Day ____ Year ____
	<input type="checkbox"/> Currently employed by the company
Income:	
Monthly Gross Salary	\$ _____
Total Earned Year-to-Date	\$ _____
Estimated 2009 Earnings	\$ _____
I certify that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested.	
Name of Employer:	_____ Title: _____
Employer's Signature:	_____ Date: _____