

SIGNEEMPLOYER MONTHLY VERIFICATION

I AUTHORIZE DISCLOSURE FOR COMPANY NAMED BELOW TO DISCLOSE SALARY, JOB TITLE, DATES OF EMPLOYMENT, AND/OR ANY TYPE OF FIANCIAL INFORMATION TO THE HAWAII ARMY NATIONAL GUARD FOR THE PURPOSE SURROUND INCAPACITAION CLAIMS AND IDECLARE THAT THIS CONSENT HAS BEEN GIVEN VOLUNTARILY.

PRINTED NAME OF EMPLOYEE/SERVICE MEMBER SIGNED NAME OF EMPLOYEE/SERVICE MEMBER

DATE

COMPANY NAME

ADDRESS, CITY, STATE, ZIP

I, EMPLOYEE'S SUPERVISOR or HRO REP NAME, verify that EMPLOYEE NAME is employed with the above company as a EMPLOYEE JOB Title.

This position is required to (list the physical requirements that are required or attach a job description):

I verify that he/she: The employee's regular workweek consists of (ie: 40 hour) per week at an hourly rate of \$ (Employee must provide the last 3 months of paystubs to substantiate)

Does the Employee receive a pay stub while in a non-pay status? Circle: Yes or NO

MUST CHOOSE ONE

- 1. Has not received any pay or compensation (FMLA, income protection plan, supplemental income, or use of personal, sick, and any other type of paid leave) starting to DD MMM YYYY DD MMM YYYY
- 2. Has received any pay or compensation (FMLA, income protection plan, supplemental income, or use of personal, sick, and any other type of paid leave) starting to DD MMM YYYY DD MMM YYYY

List the type of Compensation: in the gross amount of \$

POC for the above information: POC E-mail: POC Job Title: Phone number that can be reached to verify the above information: POC Signature: