

SIGNEMPLOYER MONTHLY VERIFICATION

I AUTHORIZE DISCLOSURE FOR COMPANY NAMED BELOW TO DISCLOSE SALARY, JOB TITLE, DATES OF EMPLOYMENT, AND/OR ANY TYPE OF FINANCIAL INFORMATION TO THE HAWAII ARMY NATIONAL GUARD FOR THE PURPOSE SURROUND INCAPACITATION CLAIMS AND I DECLARE 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, _____, verify that _____ is
EMPLOYEE'S SUPERVISOR or HRO REP NAME EMPLOYEE NAME
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: _____