

# Community Volunteers in Medicine

Providing healthcare, hope and healing

300 B Lawrence Drive, West Chester, PA 19380-4263

Phone: (610) 836-5990 Fax: (610) 836-5998 Web: www.cvimm.org



## WAGE VERIFICATION (Year \_\_\_\_\_) (Año)

Verification de Ingresos

Community Volunteers in Medicine (CVIM) is a not-for-profit organization that provides primary medical and dental care for the uninsured workforce of Chester County. We request employers to complete the following information, so that the employee and their family may qualify for services at CVIM. This information remains confidential to CVIM.

Nombre del Empleado:

Fecha de Nacimiento:

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nombre del Empleador y/o Compañía:

Telefono del Empleador:

Employer/Company Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Frecuencia de Pago (haga un circulo)

Semanal

Quincenal

Mensual

Cada dos meses

Otro:

Pay Period (circle one)

Weekly

Bi-weekly

Monthly

Bi-monthly

Other: \_\_\_\_\_

Pay per Hour/Pago por Hora: \_\_\_\_\_

Weekly Hours/Horas por Semana: \_\_\_\_\_

Please give a breakdown of gross wages: (Haga un detalle semanal de los pagos, indicando los ingresos en bruto):

Month/Year Mes/Año		Week 1 Semana 1	Week 2 Semana 2	Week 3 Semana 3	Week 4 Semana 4	Week 5 Semana 5	Monthly Total Total del mes
<b>Example</b> <i>Ejemplo</i>	<b>Hours Per Week</b> Horas Por Semana	36 hours	34 hours	40 hours	36 hours	38 hours	<b>184</b>
	<b>Pay Per Week</b> Pago Por Semana	\$350	\$310	\$375	\$350	\$360	<b>\$1745</b>
_____ _____ _____ _____	<b>Hours Per Week</b> Horas Por Semana						
	<b>Pay Per Week</b> Pago Por Semana	\$	\$	\$	\$	\$	\$
_____ _____ _____ _____	<b>Hours Per Week</b> Horas Por Semana						
	<b>Pay Per Week</b> Pago Por Semana	\$	\$	\$	\$	\$	\$

Employer Signature Firma del Jefe \_\_\_\_\_

Date Fecha \_\_\_\_\_

**\*\*Forging employer's signature will result in becoming permanently ineligible from all services here!\*\***

**\*\* ¡Si falsifica la firma de su empleador, Ud. será descalificado permanentemente de todos nuestros servicios!\*\***

Employee Signature Firma del Empleado \_\_\_\_\_

Date Fecha \_\_\_\_\_