

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.cvim.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
Example <i>Ejemplo</i>	Hours Per Week Horas Por Semana	36 hours	34 hours	40 hours	36 hours	38 hours	184
	Pay Per Week Pago Por Semana	\$350	\$310	\$375	\$350	\$360	\$1745
_____ _____ _____ _____	Hours Per Week Horas Por Semana						
	Pay Per Week Pago Por Semana	\$	\$	\$	\$	\$	\$
_____ _____ _____ _____	Hours Per Week Horas Por Semana						
	Pay Per Week 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 _____