

CASH WAGE VERIFICATION FORM
VERIFICACION DE INGRESOS EN EFECTIVO

Community Volunteers in Medicine (CVIM) is a non-profit organization that provides primary medical and dental care to the low income and uninsured. When the patients are paid in cash or personal checks, we request employers to complete the following information, so that the employee and their family may qualify for services at CVIM. The information remains confidential to CVIM.

Employee Name Nombre del Empleado _____	Date of Birth Fecha de Nacimiento _____
Employer/ Company Name Nombre del Empleador y/o Compania _____	Business Phone Telefono del Empleador _____

Pay Period Weekly Bi-weekly Monthly Other
Frecuencia de Pago Semanal Quincenal Mensual Otro

Pay per Hour/ Pago por hora : _____

Weekly Hours/ Horas por semana: _____

LIST PAY DATES, GROSS AMOUNT AND HOURS WORKED OF 4 MOST RECENT WEEKS.

HAGA UN DETALLE DE LAS FECHAS DE PAGO, CANTIDAD RECIBIDA Y HORAS TRABAJADAS DE LAS 4 SEMANAS MAS RECIENTES.

	Pay Date Fecha de Pago	Hours Worked Horas trabajadas	Gross Pay Pago Bruto	Tips (if any) Propinas (si hay)
Week 1 Semana 1				
Week 2 Semana 2				
Week 3 Semana 3				
Week 4 Semana 4				

Employer Signature /Firma del Jefe _____ Date / Fecha _____

**Forging employer's signature will result in becoming permanently ineligible from all services at CVIM **
**Si falsifica la firma de su empleados, Ud. Sera descalificado permanentemente de todos nuestros servicios **

Employee Signature / Firma del Empleado _____ Date / Fecha _____