



**Florida State**  
**University**  
Office of Financial Aid

Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Student Phone \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

**MESSAGE FOR STUDENT AND PARENT(S) OF DEPENDENT STUDENTS**

Submit this verification worksheet with the Special Circumstance Income Reduction Application. Additional information is required in order to further process your request due to loss of employment in your family. Please sign below to authorize release of information and then give this form to your present or previous employer. When this form is completed by the employer, return it with all other forms to the address below. ***If this worksheet is submitted without the Special Circumstance Application, it will be cancelled.***

If you are not presently employed, when was your last date of employment? \_\_\_\_\_

\_\_\_\_\_  
Employee Name (Please Print) \_\_\_\_\_ Relation to Student \_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER SECTION: TO BE COMPLETED BY EMPLOYER (CURRENT/PREVIOUS)**

**PLEASE COMPLETE ENTIRE SECTION.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person completing this section (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete lines that apply:

The individual named above is/was employed beginning: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ terminated employment: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ number of hours per week (prior to termination)

\_\_\_\_\_ is still employed by the company

\_\_\_\_\_ number of hours per week

**Income:** Hourly Rate of Pay: \$ \_\_\_\_\_ Gross Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Total Earned Year-To-Date: \$ \_\_\_\_\_

Signature of person completing this section: \_\_\_\_\_

Return to: Florida State University  
Office of Financial Aid  
Tallahassee, FL 32306-2430  
Fax: (850) 644-6404

Florida State University's Use of Social Security Number policy is available at [http://registrar.fsu.edu/bulletin/undergrad/info/university\\_notices.htm](http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm)

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Phone: 850-644-0539 Fax: 850-644-6404 Email: [OFACS@fsu.edu](mailto:OFACS@fsu.edu)

[www.financialaid.fsu.edu](http://www.financialaid.fsu.edu)

Revised 02/14/2018