



Greer Relief & Resources Agency, Inc.

J. Verne Smith Human Resources Center of Greer
202 Victoria Street

PO Box 1303
Greer, SC 29652
(864) 848-5355
fax (864) 801-2014
info@greerrelief.org
www.greerrelief.org

EMPLOYER: Please complete this section.

Do you currently employ _____? Yes No

How often paid? Daily Weekly Bi-weekly Semi-monthly Monthly

Hourly rate of pay: \$____.____ No. of hours worked per week: ____

Is overtime offered: Frequently Rarely Never

Estimated overtime pay based on past income history: _____

On the chart below, list last **FOUR** pay periods received by this employee:

DATE PAY PERIOD ENDED	DATE EMPLOYEE RECEIVED PAY	ACTUAL HOURS	GROSS PAY AMOUNT
1.			
2.			
3.			
4.			
FOR NEW EMPLOYEES		FOR TERMINATED EMPLOYEES	
Date Hired:		Date Terminated:	
Date 1 st Check Issued:		Date Final Check Issued:	

WORK SCHEDULE: PLEASE MARK DAYS SCHEDULED EACH WEEK.

MON TUE WED THU FRI SAT SUN

Exact Hours Scheduled Each Day (Example: Mon. 7a-5p)

If other, please specify.

Signature & Title of Person providing this information _____ Employer Name _____

Address _____ Phone (____) _____ - _____ - _____ Date _____

Additional Comments:

