



**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 <sup>st</sup> 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:

