



Greer Relief & Resources Agency, Inc.

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THIS FORM MUST BE COMPLETED BY EMPLOYER

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: ____

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

DATE PAY PERIOD ENDED	DATE EMPLOYEE RECEIVED PAY	ACTUAL HOURS	NET PAY AMOUNT
1.			
2.			
3.			
4.			
IF NO LONGER EMPLOYED:			
Date Hired:		Last Date Worked:	
Date 1 st Check Issued:		Date Final Check Issued:	

INFO OF PERSON FILLING OUT THIS FORM:

Employer/Company Name _____ Address _____

Printed Name _____ Position/Title _____

Contact Email _____ Phone (____) _____-_____

Signature _____ Date _____

Additional Comments:

