

STATE OF MICHIGAN  
LIVINGSTON COUNTY  
CIRCUIT COURT FAMILY DIVISION

REQUEST FOR VERIFICATION  
OF EMPLOYMENT

CASE NO.

TO: \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

I authorize my employer to release the below-requested employment information to the Livingston County Circuit Court-Family Division.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Soc. Sec. No.

\_\_\_\_\_  
Employee's name (print or type)

\*\*\*\*\*

Employee hire date: \_\_\_\_\_

Hourly wage: \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_

Weekly pay: \_\_\_\_\_

Average overtime pay per week: \_\_\_\_\_

Salary: \_\_\_\_\_ per \_\_\_\_\_

Employee's supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title