COUNTY OF	DISTRICT COURT DIVISION  FILE NO.:
Plaintiff, )  vs. )  Defendant. )	EMPLOYER AFFIDAVIT
That he/she is an employee ofPlaintiff/Defendant in the above-entitled	ll officer or employee), being duly sworn, deposes and; that the action, is and/or was an employee of; that the record attached hereto of ns, company benefits and length of employment is true
and correct to the best of affiant's inform  This the day of	nation and belief.
	Affiant (owner/personnel officer)
	Title:
Subscribed and sworn to before me this the day of, 2	20
Notary Public My commission expires:	

## **EARNINGS INFORMATION**

	ings last calendar year (20	<u> </u>		
a)	gross:	\$		
b)	net:	\$		
Pres	ent rate of pay: \$	per .		
If pa	Present rate of pay: \$ per  If paid on production or commission, what is present average gross pay? \$			
	·			
How	often is employee paid?			
Num	ber of hours working and sh	ift hours that employee works per day:		
Num	ber of days working and day	s that employee works per week:		
Ded	actions from gross pay per pa	ay period:		
a)	State taxes:	\$		
b)	Federal taxes:	\$		
c)	FICA:	\$		
d)	Medical Insurance*:	\$		
e)	Disability Insurance	\$		
f)	Life Insurance	\$		
g)	Health Savings Plan	\$		
h)	Retirement / 401K	\$		
\$ *Ho		e premium is allocated for coverage of children? e premium is allocated for coverage of spouse?		
Num	ber of exemptions claimed:			
Date	employee last paid:			
How	many pay periods, if any, ar	re employee's earnings retained by employer?		
Earn	ings this calendar year (	) through date employee last paid, including bor		
a)	gross:	\$		
b)	net:	\$		

Wha	What pay increase, if any, has employee received in past twelve (12) months?				
Incre	ease amount(s):				
Date	(s) received:				
Natu	re of employment:				
Amo	unt paid by employer on employ	vee's behalf for:			
a)	Medical insurance:	\$	per		
b)	Disability insurance:		per		
e)	Dues:	\$	per		
d)	Retirement:	\$	per		
e)	Reimbursed Expenses:		per		
Amo	unt of overtime employee worke	-	e (12) months.		
Amo	unt of overtime that was availab				
Pleas	se attach copies of employee's ei	ght (8) most recent	t pay stubs.		
	se describe changes employee sh ription, compensation and/or wo		, within three months in job		

19.	Is health insurance available to the Employee?
20.	What would be the cost of insurance to the Employee for coverage of one minor child?
21. and v	If the Employee has been terminated, please explain how the reason for said termination when Employee was terminated: