

**Crime Victims Compensation Board
500 Mero St., Frankfort, KY 40601
crimevictims@ky.gov
502-782-8255**

EMPLOYMENT VERIFICATION

Complete only if applying for lost wages/ loss of support.

To be completed and signed by EMPLOYER only. This form must be NOTARIZED.

Employee's Name: _____ Social Security #: _____

Date of Crime: _____ Victim was employed at the time of crime () Yes () No

If SELF-EMPLOYED, attach copies of State and Federal taxes for the two-year period prior to the crime.

Employer's Name: _____ Telephone: _____

Address _____ City _____ State _____ Zip Code _____

Victim missed time from work because of injuries related to the crime: () Yes () No

If yes, from _____ to _____

The items listed below are to be **weekly amounts**:

Gross Earnings: \$ _____ Net Take Home Earning Per Week: \$ _____

Federal Tax Withheld: \$ _____ State Tax Withheld : \$ _____ Social Security Withheld: \$ _____

Other Deductions (itemized): \$ _____ Typical days worked per week: M T W TH F Sat Sun

Attach additional pages if necessary.

Please Circle

Victim has returned to work: () Yes () No

Victim's wage continued while off work: () Yes () No

If the victim's wage continued while off work, complete the following:

| Deductions | Amount Per Week | Starting Date | Ending Date |
|--------------------|-----------------|---------------|-------------|
| Workers Comp | \$ _____ | | |
| Unemployment | \$ _____ | | |
| Insurance – Health | \$ _____ | | |
| Insurance – Other | \$ _____ | | |
| Vacation | \$ _____ | | |
| Sick | \$ _____ | | |
| Employers Group | \$ _____ | | |
| Disability | \$ _____ | | |
| Union | \$ _____ | | |
| Other | \$ _____ | | |

Employer's Name and Title

Employers Signature

The following must be completed by a Notary:

SUBSCRIBED AND SWORN TO BEFORE ME BY _____

THIS _____ DAY OF _____, 20____

MY COMMISSION EXPIRES: _____

Signature: _____

Seal or Stamp affixed here