

●●●● employee affidavit

Hiring Incentives to Restore Employment Hire Act

To: _____
Employer Name

From: _____
Employee's Full Name

EMPLOYEE AFFADAVIT

I certify under penalties of perjury that I have been unemployed, or have not worked more than 40 total hours for someone else, during the preceding 60 days before beginning work for you.

Signed: _____
Employee's Signature

Social Security Number: _____ - _____ - _____

Date Signed: _____ / _____ / _____

EMPLOYER USE

Date of Hire _____ (must be after February 3, 2010 but before January 1, 2011)

Date First Wages Paid _____ (only wages paid after March 18, 2010 qualify)

EMPLOYER STATEMENT

I attest that this employee was not employed to replace another employee unless the former employee separated from our employment voluntarily or for cause.

Signed: _____
Authorized Signature of Employer

Date Signed: _____ / _____ / _____

