

NORTH CAROLINA
FORSYTH COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____

Plaintiff,
v.

Defendant.

EMPLOYER AFFIDAVIT

_____, *(affiant)* being duly sworn, deposes and says:

1. Affiant is an employee of _____ (company), located at _____ (address);
2. _____, the Plaintiff / Defendant (*circle one*) in the above entitled action, is / was (*circle one*) an employee of said company; and
3. that the records attached hereto of employee's earnings, deductions, company benefits and length of employment are true and correct to the best of affiant's information and belief.

This the ____ day of _____, 20____.

Affiant

Title:

_____ County
_____ (State)

Signed and sworn to (or affirmed) before me this day by _____.
(Name of Affiant)

Date: _____

Official Signature of Notary

(Official Seal)

(Printed or typed name of Notary) Notary Public

My commission expires: _____

EARNINGS INFORMATION

1. Earnings last calendar year, including bonus, if any:
 - a) gross: \$ _____
 - b) net: \$ _____
2. Present rate of pay: \$ _____ per _____.
If paid on production or commission, what is present average gross pay?
\$ _____ per _____.
3. How often is employee paid? daily weekly biweekly 2x/mo monthly
4. Number of hours working per day: _____
5. Number of days working per week: _____
6. Work Schedule of employee: _____
7. Deductions from gross pay per pay period:
 - a) State taxes: \$ _____
 - b) Federal taxes: \$ _____
 - c) FICA: \$ _____
 - d) Medical Insurance*: \$ _____
How much of medical insurance premium is allocated for coverage of child(ren)?
\$ _____ per _____.
 - e) Dental Insurance**: \$ _____
How much of dental insurance premium is allocated for coverage of child(ren)?
\$ _____ per _____.
 - f) Optical Insurance***: \$ _____
How much of optical insurance premium is allocated for coverage of child(ren)?
\$ _____ per _____.
8. Number of exemptions claimed: _____
9. Date employee last paid: _____
10. How many pay periods, if any, are employee's earnings retained by employer? _____
11. Earnings this calendar year through date employee last paid, including bonus, if any:
 - a) gross: \$ _____
 - b) net: \$ _____
12. Is employee paid a bonus? YES NO If "yes," explain:
 - a) How computed: _____
 - b) When paid: _____
 - c) Amount paid last calendar year: _____
 - d) Amount paid this calendar year: _____

13. What pay increase, if any, has employee received in past twelve (12) months?
 Increase amount(s): _____
 Date(s) received: _____
14. Nature of employment (i.e. job description, title): _____
15. Date of hire: _____
16. Amount paid by employer on employee's behalf for:
- a) Medical insurance: \$_____ per _____.
 - b) Dental insurance: \$_____ per _____.
 - c) Optical insurance: \$_____ per _____.
 - d) Disability insurance: \$_____ per _____.
 - e) Dues: \$_____ per _____.
 - f) Retirement: \$_____ per _____.
- Note if employee retirement contributions are mandatory, and if so, what amount is mandatory:
 \$_____
- g) Reimbursed Expenses: \$_____ per _____.
17. Amount of overtime employee worked in the past twelve (12) months: _____ hours
18. Amount of overtime that was **available** to employee in the past twelve (12) months: _____

19. Please describe changes employee should expect, if any, within three months in job description, compensation and/or working hours: _____

20. If not previously described herein, please describe changes, if any, employee has had within past three months in job description, compensation and/or working hours: _____

21. Is employee currently employed with this company? _____
 If not, please explain the circumstances upon which this individual's employment was terminated (i.e. did the employee quit, was the employee fired, etc.): _____

22. Attach the employee's last three paystubs.
23. Attach the employee's last paystub from the prior year.
24. Attach the employee's prior year W-2.