

NORTH CAROLINA
_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
_____-CVD-_____

_____)
Plaintiff)
)
vs.)
)
_____)
Defendant)

AFFIDAVIT

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

That he/she is an employee of _____ located in _____: that _____, in the above entitled action, is an employee of said company; that the record attached hereto of _____'s earnings, deductions, company benefits and length of employment is true and correct to the best of affiant's information and belief.

This the _____ day of _____, 2_____.

Affiant (*personnel officer*)

Title

Subscribed and sworn to before me this the _____ day of _____, _____.

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? _____
4. Number of hours working per day: _____
5. Number of days working per week: _____
6. Deductions from gross pay per pay period:
 - a) State taxes: \$ _____
 - b) Federal taxes \$ _____
 - c) FICA: \$ _____
 - d) Medical Insurance \$ _____

* How much medical insurance premium is allocated for coverage of children?
\$ _____ per _____ .
7. Number of exemptions claimed: _____
8. Date employee last paid: _____
How many pay periods, if any, are employee's earnings retained by employer?
_____ .
9. Earnings this calendar year through date employee last paid, including bonus, if any?
 - a) gross \$ _____
 - b) net \$ _____
10. Is employee paid a bonus: _____ -
If "yes," please explain:
 - a) How computed: _____
 - b) When paid: _____
 - c) Amount paid last calendar year: _____
 - d) Amount paid this calendar year: _____

11. What pay increase, if any, has employee received in past twelve (12) months?
 Increase amount(s): _____
 Date(s) received: _____
12. Nature of employment: _____
13. Date of hire: _____
14. Amount paid by employer on employee's benefit for:
- a) Medical insurance \$ _____ per _____ .
 - b) Disability insurance: \$ _____ per _____ .
 - c) Dues: \$ _____ per _____ .
 - d) Retirement: \$ _____ per _____ .
 - e) Reimbursed Expenses: \$ _____ per _____ .
15. Amount of overtime employee worked in the past twelve (12) months.

 _____ .
16. Amount of overtime that was available to employee in the past twelve (12) months.

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

 _____ .
18. 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:

 _____ .