

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION

COUNTY OF _____

FILE NO.: _____

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

EMPLOYER AFFIDAVIT

_____ (payroll officer or employee), being duly sworn, deposes and says:

That he/she is an employee of _____; that the Plaintiff/Defendant in the above-entitled action, is and/or was an employee of _____; that the record attached hereto of Plaintiff/Defendant'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 _____, 20__.

Affiant (owner/personnel officer)

Title:

Subscribed and sworn to before me
this the ____ day of _____, 20__.

Notary Public
My commission expires: _____

EARNINGS INFORMATION

1. Earnings last calendar year (20____), 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 and shift hours that employee works per day:

5. Number of days working and days that employee works per week:

6. Deductions from gross pay per pay 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 \$ _____

*How much of medical insurance premium is allocated for coverage of children?
\$ _____ per _____.

*How much of medical insurance premium is allocated for coverage of spouse?
\$ _____ 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," explain:
 a) How computed: _____
 b) When paid and how often: _____
 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. Amount paid by employer on employee's behalf for:
 a) Medical insurance: \$ _____ per _____.
 b) Disability insurance: \$ _____ per _____.
 c) Dues: \$ _____ per _____.
 d) Retirement: \$ _____ per _____.
 e) Reimbursed Expenses: \$ _____ per _____.
14. Amount of overtime employee worked in the past twelve (12) months.

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

16. Please attach copies of employee's eight (8) most recent pay stubs.
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 twelve months in job description, compensation and/or working hours:

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. If the Employee has been terminated, please explain how the reason for said termination and when Employee was terminated:
