

NORTH CAROLINA
_____ COUNTY

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

_____,)
)
Plaintiff,)
)
v.)
)
_____,)
)
Defendant.)
_____)

AFFIDAVIT

_____ (personnel officer), being first 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 _____, _____.

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 of 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" 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 behalf 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:
