



VERIFICATION OF EMPLOYMENT HOURS

Participant Name: _____ Client/Recipient ID: _____
(Print First & Last Name)

Section 1 - Employment Information (To Be Completed By Employer or By MW! Staff if Done Via Phone Contact)

Employer Name:	Employer Address, Phone, & Fax:	
Date Employment Began: _____	Average Actual Weekly Hours Worked:	
Wage: _____ Job Title: _____	Notes:	How Often Paid? Weekly Twice Monthly Every 2 Weeks Monthly

Section 2 – To Be Completed by Employer

Person Completing Form: _____ Title: _____
(Print First & Last Name)
Signature: _____ Date: _____

Section 3- To Be Completed by MW! Staff if Employment is Verified Via Phone

(Name of Employer's Staff Verifying Employment Hours)	

(Name of MW! Staff)	
_____	_____
(Title of MW! Staff)	(Date of Call)