



## VERIFICATION OF EMPLOYMENT HOURS

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

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

Employer Name: _____ _____	Employer Address, Phone, & Fax: _____ _____ _____
----------------------------------	--

Date Employment Began: _____	Average Actual Weekly Hours Worked: _____
------------------------------	---

Wage: _____  Job Title: _____	Notes: _____	<b>How Often Paid?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly
	_____	
	_____	
	_____	

### Section 2 – To Be Completed by Employer

Person Completing Form \_\_\_\_\_ Title \_\_\_\_\_  
(Print First & Last Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 3- To Be Completed by MWA 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)