



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: _____

Notes: _____

Job Title: _____

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 phone call)