



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: _____ _____ _____
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Date Employment Began: _____	Average Actual Weekly Hours Worked: _____
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Wage: _____ Job Title: _____	Notes: _____	How Often Paid? <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)