



VERIFICATION OF EMPLOYMENT AND RETENTION (attach to invoice)

Employee Name _____ SSN – Last 4 digits _____

Position Title _____ First Day Worked _____

Current Status: Permanent Temporary Full Time Part Time

Type of Employment: Subsidized (Paid Work Experience, etc.) Unsubsidized

Hourly Pay Rate Upon Hire \$ _____ Current \$ _____

Avg Weekly Hours _____

Pay increase? Yes No If yes, reason: _____

No longer working? Yes No If yes, last day of employment: _____

Reason for leaving: _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Company Representative (Print) _____ Title _____

Phone _____ Email _____

Company Representative (Signature) _____ Date _____

Form Date: 10.15.2024

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