Verification of Hours

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) City, State ZIP Code

Supervisor/Professor/Other Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Professor/Other Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

[ ]  Employed [ ]  Attending School

[ ]  Community Service [ ]  Workfare

[ ]  Work /Experience [ ]  Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week beginning Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_ Week ending Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_

 (date) (date)

Total Hours this week: \_\_\_\_\_\_

Enter number of hours paid for holidays, vacation or sick leave: \_\_\_\_\_\_\_\_\_\_\_

**Satisfactory Progress:** The individual is attending school and making satisfactory progress. [ ]  Yes [ ]  No [ ]  Not attending school

I certify that the information provided above is true and correct. I understand that Workforce Solutions may ask to verify this information.

Signature of Supervisor/Professor/Other contact person **REQUIRED**

**Fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Fax number) (Day of Week)**

*Providing false information on this form or over the telephone for the purpose of inappropriately obtaining benefits may result in civil, criminal, or administrative penalties.*