Workforce Solutions

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
☐ Community Service
☐ Work /Experience
☐ Attending School
☐ Workfare
☐ Other (list) _____

Week beginning Sunday _____ (date) Week ending Saturday _____ (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.

Received by: _____Date:_____