



## 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 \_\_\_\_\_

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Form Date: 01.01.26