



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