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Verification of Employment and Retention

Participant/Employee Information							
Participant/Employee Name				SSN (Last 4 digits)			
Employer Statement							
Employer Information							
Employer Name							
Address							
City				State		Zip	
Employer Representative Name							
Employer Representative Title							
Phone		Email					
Employment Information							
Position Title							
First Day Worked		Date of First Paycheck		Gross Pay	$		
Current Status	☐Permanent ☐Temporary ☐Full Time ☐Part Time ☐Not Employed						
Type of Employment	☐Subsidized (Paid Work Experience, etc.) ☐Unsubsidized						
Compensation Information							
Average Number of Hours Per Week							
Hourly Pay Rate	Upon Hire	$	Current	$			
Pay Increase	☐Yes ☐No	If Yes, Reason					
Currently Working	☐Yes ☐No	If No, Reason					
		If No, Last Day Worked					
		Last Paycheck Date					
Signature							
Employer Representative				Date			

Form Date: 07/21/26

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.