

**Taylor, Callahan, and Coleman Counties
Community Supervision and Corrections Department**

Employment Verification Form

Defendant's Name (print): _____

Place of Employment: _____

Supervisor's Name & Phone:

Work Schedule for the Week of _____

	In	Out	In	Out
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				

I certify that the above mentioned is true and correct.

Defendant's Signature

Date

I certify that the above mentioned is true and correct.

Employer's Signature

Date