SNAP E & T Verification of Employment

WORKFORCE CENTRAL FLORIDA

Program participant's name: _____ **Identification number:**
_____

Please fax the completed form directly to your Career Specialist _____ @ _____ by 5:00 PM on ____/____/____. The form can also be emailed directly to _____. It is ultimately the responsibility of the program participant to turn the form in to his/her Career Specialist by the deadline.

☐ **Please have your employer complete the section below**

Employer name: _____ Phone number: (____) _____-_____

Employer email: _____ Fax number: (_____)_____-_____

Employer address: _____
                  Street   *Suite*   *City*   *State*   *Zip Code*

Participant's job title: _____

What date was the participant hired? _____/_____/_____ Wage per hour: $_____

When did/will the participant start working? _____/_____/_____ (if different from the hire date)

How many hours per week is this employee scheduled to work? _____

How often is the employee paid? ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Every month ☐ Other _____

When will (or did) the employee receives his/her first paycheck? _____/_____/_____

Completed by (please print): _____ Phone: _____

Signature: _____ Title: _____ Date: _____/_____/_____

☐ **Please have your employer complete the section below**

Employer name: _____ Phone number: (____) _____

Is the participant still working at your business? ☐Yes ☐No If no, what was the last day worked? ____/____/____

How much is the individual earning (or earned at termination) per hour? $_____

Please complete the following request for information on hours worked between the dates noted.
(Please include all hours worked, as well as _paid_ sick, vacation and holiday hours.)

Dates worked	Number of hours worked.

Completed by: _____ Title: _____

Updated 10.15.2012

Date Completed: _____/_____/_____   Signature: _____