

WORK SCHEDULE VERIFICATION

Employee Name:	Social Security Number Last 4 digits:	Month:
Employer:	Employment Specialist:	ES Telephone Number

In order for Workforce Services to assist the above named employee in employment related expenses, it is necessary to obtain verification of actual days worked on a monthly basis. The Employment Specialist may call to verify the hours claimed below. If the information given is incorrect, we will be unable to pay supportive service expenses. Please explain any changes in the employee's regular schedule in the comments section.

VERIFICATION OF WORK HOURS-INDICATE AM OR PM

DAY	START TIME	END TIME	TOTAL HOURS WORKED <i>(do not include breaks)</i>	COMMENTS:
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BY SIGNING THIS FORM, I UNDERSTAND THAT THE WFS STAFF MAY CALL MY EMPLOYER TO VERIFY THIS WORK SCHEDULE.

Employee's Signature:	Date:
Supervisor Signature	Date:
	Phone: ()

Print Supervisor Name & Business Name