Verification of Hours

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) City, State ZIP Code

Supervisor/Professor/Other Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Professor/Other Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

Employed  Attending School

Community Service  Workfare

Work /Experience  Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week beginning Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_ Week ending Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (date)

Total Hours this week: \_\_\_\_\_\_

Enter number of hours paid for holidays, vacation or sick leave: \_\_\_\_\_\_\_\_\_\_\_

**Satisfactory Progress:** The individual is attending school and making satisfactory progress.  Yes  No  Not attending school

I certify that the information provided above is true and correct. I understand that Workforce Solutions may ask to verify this information.

Signature of Supervisor/Professor/Other contact person **REQUIRED**

**Fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Fax number) (Day of Week)**

*Providing false information on this form or over the telephone for the purpose of inappropriately obtaining benefits may result in civil, criminal, or administrative penalties.*