



## MONTHLY EMPLOYMENT VERIFICATION FOR UNDER-THE-TABLE WAGES

Employee Name: \_\_\_\_\_ For the Month of: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Type of Employment:       Temporary    Full Time    Part Time    On Call

Total Gross Wages Received:

	Week 1	Week 2	Weekly 3	Week 4	Week 5
Gross Amount					
Date Received					

Total Gross Wages Earned for the month: \_\_\_\_\_

Employer Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Employer refuses to sign verification    Employer unavailable to sign    Other: \_\_\_\_\_

I declare under the penalty of forgery and perjury that the above information is correct and true.

Participant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to:      SCTCA Tribal TANF / Career Development Specialist