



# 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 Hours Worked (Record start and end time)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Wkly Hrs
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

Total Number of Hours per Month: \_\_\_\_\_

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: ✕ \_\_\_\_\_ 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: ✕ \_\_\_\_\_ Date: \_\_\_\_\_

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