



## Work Schedule Verification Form

**The Work Schedule Verification Form should be filled out and signed by the employer.**

Family ID# \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Employer Service Industry: \_\_\_\_\_

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

\_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

This is to certify that \_\_\_\_\_ holds the position of  
(Employee Name)

\_\_\_\_\_.

Start date of position: \_\_\_\_\_

Position Type:      permanent      temporary (please list end date)

Employee Schedule: \_\_\_\_\_      weekdays      nights      weekends      on call

\_\_\_\_\_  
Name of the personnel officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of the personnel officer

\_\_\_\_\_  
Date