



Department of Community & Cultural Affairs
CHILD CARE PROGRAM
Caller Box 10007, Ascencion Court
Bldg. 1347 Capital Hill, Saipan MP 96950
Tel.: 670-664-2575/76 Fax: 670-664-2547



EMPLOYMENT VERIFICATION

Name of Employee: _____

Job Title: _____

COMPANY/EMPLOYER INFORMATION:

Name of Company/Employer: _____		
Phone No.: _____	Fax No.: _____	Email: _____
Postal Address: _____	Physical Address: _____	

- Actively Employed: Yes _____ No _____
- Date of Hire: Month: _____ Day: _____ Year: _____
- Date of increase/decrease in salary/hours: Month: _____ Day: _____ Year: _____

INCOME INFORMATION:

Hourly Rate: _____ Hours per week: _____ Monthly Gross Salary: _____

Mode of Salary: Weekly Bi-Weekly Semi-Monthly (Twice a month) Monthly

Is this employee receiving any other compensation?

- No Yes (If yes, what type of compensation and how often?)

***FOR DECLARED DISASTERS/EMERGENCIES
(Attach supporting documents)**

<u>Temporary unemployed (Furloughed)</u> Effective Date: _____ End Date: _____ Reason: _____	<u>Laid off</u> Effective Date: _____ Reason: _____
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Completed by: _____
HR/Immediate Supervisor, Print Name and Sign

Date: _____