



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: (Information below is that of the EMPLOYER)

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

- The individual named above is employed beginning:  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- The individual named above has had an increase in salary beginning:  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### INCOME INFORMATION:

Hourly Rate: \_\_\_\_\_ Monthly Gross Salary: \_\_\_\_\_

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

Number of Max Hours (Based on Mode of Salary Payment) \_\_\_\_\_ (REQUIRED INFO)

Is this employee receiving any other compensation?

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

Work Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday  Sat.  Sunday

Name of person completing this form: \_\_\_\_\_  
HR/Immediate Supervisor, Print Name, Sign & Date

Contact # of person completing this form: \_\_\_\_\_