

KNIGHT COMMUNITY CORRECTIONS
EMPLOYMENT HOURS VERIFICATION FORM

PARTICIPANT'S NAME: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SUPERVISOR: _____

EMPLOYMENT DAYS/HOURS

DATE	DAY	HOURS			HOURS WORKED
		AM/PM	TO	AM/PM	
	SUNDAY	AM/PM	TO	AM/PM	
	MONDAY	AM/PM	TO	AM/PM	
	TUESDAY	AM/PM	TO	AM/PM	
	WEDNESDAY	AM/PM	TO	AM/PM	
	THURSDAY	AM/PM	TO	AM/PM	
	FRIDAY	AM/PM	TO	AM/PM	
	SATURDAY	AM/PM	TO	AM/PM	

Total Hours worked _____

Your signature is verifying that the participant has worked the above hours and that the hours verified will match payroll check stub.

SIGNATURE OF SUPERVISOR: _____