

COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION

YEAR 2026

45 DAY

VERIFICATION OF EMPLOYMENT

Print clearly

CDGA-Funded Agency _____

Activity _____

Employee's Name _____ Original Date of Hire _____

Employee Position _____

Name of Employer _____

Address: _____

City: _____ State _____ Zip _____

Telephone Number _____ - _____

1. Hours per week at hire _____

2. Average hours per week since hire _____

3. Current rate of pay _____

4. Is person still working? Yes _____ No _____

5. If no longer working, give last day of employment _____

6. Is person receiving health benefits? Yes _____ No _____

7. Reason for Leaving _____

Name of Authorized Company Representative (Print)

Signature of Authorized Company Representative (Title)

Date _____

Project Director's Signature (CDGA - Funded Agency)

Date: _____

By signing above, the funded agency and the business owner certify that the above information is true and correct and that he/she understands that the information listed on the form may be subject to verification by the City and the U.S. Dept. Of Housing and Urban Development.