COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION

**YEAR 2027**

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)**

_____ Date_____

**Signature of Authorized Company Representative (Title)**

_____ Date:_____

**Project Director's Signature (CDGA - Funded Agency)**

***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.***