



Employment Verification Request

Please print clearly.

Your Name: _____ Participant-hired Worker Number: _____

Phone Number: _____

Participant Name: _____

Why do you need this request?

Check information needed:	<input type="checkbox"/> Hours Worked	<input type="checkbox"/> Wage History
	<input type="checkbox"/> Pay Rate	<input type="checkbox"/> Start Date
	<input type="checkbox"/> Termination Date	<input type="checkbox"/> Other

Select delivery type:

Pick-up (at iLIFE office, Monday to Friday, 8:30 a.m. to 4:30 p.m.)

Mail to (include mailing address):

Fax to (include fax number): _____

By signing below, I acknowledge that my Employment Verification Request will be processed within 48 hours. The request will be delivered as specified above.

Participant-hired Worker Signature: _____ Date: _____