LENAWEE DEVELOPMENT CORP.

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Adrian, MI 49221
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Verification of Employment

To the employer of _____ DOB: _____
who is currently a participant in the Lenawee Development Corporation Work Release Facility or Day Report Program.

The following information is required:

Name of Employer: _____

Address: _____

Direct Supervisor: _____ Phone: _____

Participant's Schedule:

Days Worked: _____ Hours Worked: _____

Length of Employment: _____ Type of Job: _____

Hourly Wage/Weekly Salary: _____ Overtime Offered/Required: ____

Pay Date: _____ Child Support Order: _____

Method of pay: ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Participant is not allowed to take overtime hours unless otherwise approved by Lenawee Development Corporation, and if the job location changes the new location and contact number will immediately be provided to Lenawee Development Corporation. Immediate notification is needed if the participant either arrives late or leaves the job during a regularly scheduled shift, is laid-off, quits, or is terminated, and the reason associated therewith.

Please sign and return this form indicating the information you have furnished is true to the best of your knowledge, information and belief. Any attempt on your part to provide misleading information will be considered "obstruction of justice" and is punishable by law.

Signed: _____ _____
Employer Signature Printed Name

Date: _____