



Miami Tribe of Oklahoma CCDF

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EMPLOYMENT VERIFICATION

1. VERIFICATION OF EMPLOYMENT FOR: _____
2. COMPANY/EMPLOYER NAME: _____
3. COMPANY/EMPLOYER ADDRESS: _____
4. MANAGER/SUPERVISOR: _____
5. DATE OF EMPLOYMENT: _____
6. RATE OF PAY: _____
7. PAY SCHEDULE: WEEKLY BI-WEEKLY TWICE MONTHLY MONTHLY
8. WORK SCHEDULE:

DAYS	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS							

9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____
10. EMPLOYEE IS CONSIDERED: FULL TIME PART TIME TEMPORARY
11. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____

Supervisor or HR Department