



# Miami Tribe of Oklahoma

P.O. Box 1326~Miami, Oklahoma 74355

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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: \_\_\_\_\_

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: \_\_\_\_\_