**Early Achievers Grant** Employment History & Verification

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| --- | --- |
| **Scholar/Employee Name:** |   |

**Employer Contact**

Employer: Early Achiever site? 🞎 Yes 🞎 No

Employer’s Address:

Supervisor’s Name: Phone:

Email Address:

**Employee Information**

Employee’s Current Position:

Employee Start Date: Current Schedule: hours/week

Over 3 months, has the employee worked min. of 10 hrs/week or 40 hrs/month? 🞎 Yes 🞎 No

**Employment Verification by Employer** (completed annually)

*My signature below indicates that I understand and agree that;*

• The above information is accurate.

• I have received the Early Achievers Point-of-Contact’s contact information and I will notify them if the employee’s employment status changes.

Employer Signature: Date:

**SCholar attestation to their employment status** (completed each subsequent quarter)

*My signature below indicates that I understand and agree that;*

• The above information is accurate.

• There has been no change in my employment status.

Quarter: Scholar Signature: Date:

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