

United Keetoowah Band of Cherokee Indians
 PO Box 975
 Tahlequah, OK 74464



CCDF Program

Employment Verification

I verify that	is employed: full time / part time
Employee SSN:	
Name of Company:	
Company Address:	
City/Town:	Zip Code:
Company Telephone Number:	
Supervisors Name:	

This employee work schedule is as follows:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

This employee works _____ hours per week and at the rate of pay is \$ _____ per hour.

The information contained on this form is correct to the best of my knowledge and belief.

 Employer (or Designee) and Title

 Date