



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND
 Caller Box 10007, Ascension Court
 Bldg. 1347 Capital Hill, Saipan MP 96950
 Tel.: 670-664-2575/6 Fax: 670-664-2547



EMPLOYMENT VERIFICATION

Employee Name: _____

Job Title: _____

Company/Employer Information

Name of Company/Employer:		
Postal Address:	Physical Address:	
Phone No.	Fax No.	Email:

Actively Employed: ___ Yes ___ No

Date of Hire: _____ Last Date of Employment, if applicable: _____

Date of last increase in salary: _____ Hourly Rate: \$ _____ Hours per week: _____

Mode of Salary Payment: ___ Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly

Monthly Gross Salary: \$ _____

****FOR DECLARED TERRITORIAL DISASTERS/EMERGENCIES****

(attach supporting documents)

Temporary unemployed (Furloughed) ___ Yes ___ No	Laid off ___ Yes ___ No
Effective Date : _____ End Date: _____	Last date of employment: _____
Reason: _____	Reason: _____

Name of person completing this form: _____ Date: _____

HR/Immediate Supervisor Print Name and Sign