SAN DIEGO WORKFORCE PARTNERSHIP EXPANDED SUBSIDIZED EMPLOYMENT VERIFICATION OF HOURS

Please attach to invoice

Participant Name:

Agreement #:

Time Worked/Payroll Certification

For the employment period indicated below, I hereby certify I have worked and been paid for the days and hours included on the calendar below:

Employer Signature

Date

Number of Hours Worked:	Hourly Rate:

Directions: Enter number of hours worked for each calendar day that falls within the employment period [Excluding Holidays (mark H) and Sick Leave (mark S)]

MONTH:		MONTH:		MONTH:	
DATE:	HOURS:	DATE:	HOURS:	DATE:	HOURS:
TOTAL:					