



# Rhode Island Indian Council, Inc. Verification of Employment

\_\_\_\_\_  
Rhode Island Indian Council, Inc. Counselor

Phone: (401) 781-1098

Fax: (401) 781-2394

The Rhode Island Indian Council, Inc. is required by the Department of Labor under the Workforce Investment and Opportunity Act (WIOA) to verify employment for all participants enrolled in the Work Experience Program. Therefore, we request that you complete the information below.

## **Employee Information (To Be Filled Out by Employee)**

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

## **Employer Information (To Be Filled Out by Immediate Supervisor)**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Initials

\_\_\_\_\_  
Date