09/2023

Supported and Customized Employment
Verification of Employee Hours Worked

Pay Period Start Date: 06/01/2026 **End Date:** 06/28/2026

Employee Name:	VR Specialist:	SE Provider:
Employer:		Supervisor:
Employer Address:		Phone:

Date	06/01/2026	06/02/2026	06/03/2026	06/04/2026	06/05/2026	06/06/2026	06/07/2026	Weekly Hours
Hours								0.00

Date	06/08/2026	06/09/2026	06/10/2026	06/11/2026	06/12/2026	06/13/2026	06/14/2026	Weekly Hours
Hours								0.00

Date	06/15/2026	06/16/2026	06/17/2026	06/18/2026	06/19/2026	06/20/2026	06/21/2026	Weekly Hours
Hours								0.00

Date	06/22/2026	06/23/2026	06/24/2026	06/25/2026	06/26/2026	06/27/2026	06/28/2026	Weekly Hours
Hours								0.00

Total Hours	0.00

I certify that the hours shown are a true and accurate representation of time worked by me.

_____ _____

Employee Signature Date

← Please Note: Date signed must be on or after the last recorded date worked.

I certify that the hours shown are a true and accurate representation of time worked by the employee as authorized.

_____ _____

Employer/Supervisor Signature Date