



Department of Community & Cultural Affairs  
**CHILD CARE PROGRAM**  
 Caller Box 10007, Ascencion Court  
 Bldg. 1347 Capital Hill, Saipan MP 96950  
 Tel.: 670-664-2575/76 Fax: 670-664-2547



**EMPLOYMENT VERIFICATION**

Name of **EMPLOYEE**: \_\_\_\_\_

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

**COMPANY/EMPLOYER INFORMATION:**

Name of Company/Employer		
Physically employed at: (Example: Public School System-Tanapag Elementary School or under Manpower-1234 Store)		
Postal Address:		Physical Address:
Phone No.:	Email:	Fax No.:

- o Actively Employed: Yes \_\_\_\_\_ No \_\_\_\_\_
- o Date of Hire: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- o Date of Increase/decrease in salary/hours: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**INCOME INFORMATION:**

Hourly Rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Monthly Gross Salary: \_\_\_\_\_

Mode of Salary:  Weekly  Bi-Weekly  Semi-Monthly (Twice a month)  Monthly

Is this employee receiving any other compensation? (Example: Overtime/Commission/Bonus/etc.)

- No
- Yes (If yes, what type of compensation and how often?)  
\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_  
 HR/Immediate Supervisor, Print Name and Sign

Contact # of person completing this form: \_\_\_\_\_

SAIPAN Office Tel. (670) 664-2576/2575/2591/2593	TINIAN Office Tel. (670) 433-2233	ROTA Office Tel. (670) 532-3222
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