STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION
[local office address]

[month] [day], 20[year]

Attention Bookkeeper of Employer **Tax ID No. [tax id #]**
[employer's name and address]

EMPLOYMENT VERIFICATION

The Department of Corrections (DOC) has reason to believe [parent's name], [parent's ssn], is or has been employed or contracted by you. Please provide the DOC with the following information.

[parent's name] is: ☐ unknown ☐ currently employed ☐ not currently employed

Date employed:_____ If not currently employed, date terminated _____
☐ Part-time ☐ Full-time ☐ Seasonal ☐ Contracted Recall Date: _____
☐ Receiving Workers Compensation (Please list payor and address on the other side)
Type of work: _____
Payroll frequency: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-monthly
Hourly Wage: $_____ Number of hours worked per week_____
Soc Sec No: (from your records):_____Date of Birth:_____

[parent's name] Home Address Work Site Address
_____
_____

Is/was [parent's name] a member of a union? ☐ Yes ☐ No

If not employed by you, please list current employer's name and **complete** address on the back of this form, if known. Please provide us with your payroll address if it is not the above address

Thank you for your cooperation,

_____ _____
Regional Administrative Officer Date

_____ _____
Name/Title of Person Completing form Date