

Worker Verification Form

Signature of Employer / Supervisor

C 1		C	1 1.	1	1		11	1	11.	1
Student may	/ verny	Tarm	WOLK D	y naving	unis r	om cc	mpietea	and si	gnea by	employer.

(Student's Name)	(Emplo	(Employee's Name)							
	pate in the College Assistance Migrant Progestudent or one of his/her parents must how within the last 24 months.								
Therefore, federal regulations requ seasonal or migrant farm-worker.	ire us to verify if you have employed this st	audent or one	of his/her pa	arents as a					
	n whose primary employment is farm work or fish farms) on a temporary basis (not yea		ops, dairy, pr	oducts,					
Migrant farmworker: is a seasor returning to their permanent home	nal farm worker whose employment require e within the same day.	es travel that k	eeps him/he	er from					
Name of Employee	Type of Work Performed	Start Date (In a given year	End Date (In a given year)	Total Days (In a given year)					
Example: Juan Martinez	Potato harvest, hoeing beets, irrigation	3/1/15	10/1/15	144					
Employer's Name/Company:									
Mailing Address:									
Phone:									
	(Required)								

Date