W-1438
(New 7/10)

Connecticut TANF ECF Program

Summer Employment Verification

2010

1. Client Information

Client Name: _____
First Last

Date of Birth: _____ Client ID: _____
Month/Day/Year

Social Security Number: _____

2. Employment Information

Employer Name: Capital Workforce Partners

Start Date: _____ Estimated End Date: _____

Type: ☒ Youth ☐ Subsidized Number of Hours: _____

Pay Per Hour: $8.25 Pay Per Week: _____

3. WIB Information

WIB Name: Capital Workforce Partners/North Central WIB

Contact Person: Dennis Mink Phone Number: (860) 899-3447

4. Signature of Case Manager Completing Form

_____ _____
Case Manager Signature Date Printed Name of Case Manager

Comments: