

**39<sup>th</sup> Judicial District CSCD**  
**Employment Verification Form**

Defendant's Name (print): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Supervisor's Name & Phone: \_\_\_\_\_

Work Schedule for the Week of \_\_\_\_\_

	In	Out	In	Out
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

*I certify that the above mentioned is true and correct.*

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

*I certify that the above mentioned is true and correct.*

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date