

Health-Related Paid Work Hours Certification

A. Employee Information:

Employee Name:

Employee Date of Birth:

Employee Position:

Employee Job Duties:

Company Name:

Company Address:

B. Certification Details

From: _____ To: _____

Hours Worked:

C. Proof of pay – must accompany form

W2 Income:

1099 Income:

Other: _____ Name of Document: _____

Comments:

D. Certification:

I, _____ certify, _____ worked ____ hours during the specified time period listed on this certification form.

Certifier Name:

Title:

Email Address:

Certifier Signature:

Date:

This form must be accompanied proof of pay, Section C