

[Please print on organization's letterhead.]

Jewish Communal Professional Verification Form
For the 2019-2020 School Year

Employee Name _____

Students' Names _____

Place of Employment _____

Start date of Employment _____

Number of hours you work/week _____

Are you currently employed? _____

Employee Signature _____ Date _____

To be completed by a human resource representative:

I hereby certify that the above referenced individual is an active, paid employee of our organization, working _____ % time or _____ hours per week.

Human Resource Director Name _____

Human Resource Director Signature _____ Date _____

