

Arkansas State University Mid-South Career Pathways

Work Verification Form For Transportation or Child Care Benefits

I, _____ hereby affirm that I was engaged in Self-Employment activities on the dates specified below. May not be completed by immediate family members (sister, brother, mom, dad, grandparents, aunts, uncles, etc.)

Employer must complete and signed this section – not the student.

The student has provided these services for the following dates and amounts:

<u>Dates of Services</u>	<u>Amount Paid</u>	<u>Number of hours and Type of Work Performed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Employer (*please print*) _____

Signature of Employer _____ Date _____

Address of Employer _____ Phone No. _____

Street address, City & State

Students who fail to comply with Career Pathways policies and procedures are subject to sanctions which include, but are not limited to, return of Career Pathways funds, loss of future Career Pathways benefits, dismissal from the program, and/or disciplinary sanctions as outlined by the ASU Mid-South Student Conduct Code. Students should be aware that falsification of records resulting in the misuse of federal funds may result in loss of federal financial aid eligibility and/or legal prosecution.

Student Signature _____ Date _____