



**MUSCOGEE (CREEK) NATION
SOCIAL SERVICES DEPARTMENT**

P.O. Box 580
Okmulgee, OK. 74447
Phone: 918-549-2445 ♦ Toll Free: 1-800-482-1979 ext. 2445
Fax: 918-549-2494 ♦ Email: socialserv@mcn-nsn.gov

Employment Verification

Dear Employer:

Please provide the following information.

Employer/Company: _____

Employee: _____

Current Employee Fired Quit Laid off Medical Leave Job ended

Reason for departure: _____

If on medical leave, can the employee return after a doctor's release? Yes No

If stipulations, please explain: _____

Will employee be on leave without pay? Yes No

If stipulations, please explain: _____

Position: Permanent Temporary Seasonal Full-Time Part-Time

Hire date: _____

Date of most recent paycheck: _____ Amount \$: _____ (gross)

Last date of employment: _____

Rate of pay: \$ _____ per hour Hours a week: _____

Employee paid: Daily Weekly Bi-weekly Twice a month

To be completed by Employer.

I acknowledge the information provided by me is true and correct.

Name (print): _____

Signature: _____

Title: _____

Phone #: _____