

# 2024-2025 Diocesan Employee Family Grant Application and Verification Form

## Employment Verification

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Hire Date \_\_\_\_\_

Job Status    Full Time (35+ hours/week)    Part Time (less than 35 hours/week)    Signature \_\_\_\_\_    Date \_\_\_\_\_