

ATTACHMENT C
Employment Verification Form
For Relocation Allowances
Division of Career Services

CLIENT:

Please complete lines 1 through 4, then bring this form to your new employer. Submit completed original to: Trade Unit, DCS, 19 Staniford Street, PO Box 8370, Boston, MA 02114. **PLEASE PRINT.**

1. Client Name: _____

2. Address/C/S/Zip: _____

3. MOSES ID #: _____ **4. Petition #:** _____

Dear Employer:

This worker is a participant in the Trade Adjustment Assistance Program. In order for him/her to receive benefits, his/her new employment must be verified. Please complete the information below. Thank you.

COMPANY: _____

ADDRESS: _____

CITY/S/Z: _____

PHONE: (_____) _____

CONTACT: _____

Please complete the following information for the worker named above:

Position: _____

Date of Employment: _____ Starting Wage: \$_____

Workers in this job classification: ARE _____ or ARE NOT _____ entitled to receive relocation assistance from the employer. If benefits are available, please indicate the amount this worker will receive:

\$ _____

I certify that the above information is accurate:

Company Contact Signature

Date

Typed Name and Title

If you have any questions, please feel free to contact the Trade Unit at (617) 626-6007.