

**Taylor, Callahan, and Coleman Counties  
Community Supervision and Corrections Department**

**Employment Verification Form**

Defendant's Name (print): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Supervisor's Name & Phone:  
\_\_\_\_\_

Work Schedule for the Week of \_\_\_\_\_

	In	Out	In	Out
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				

*I certify that the above mentioned is true and correct.*

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

*I certify that the above mentioned is true and correct.*

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date