



**THE
MUSCOGEE (CREEK) NATION**

Social Services /Department of Community and Human Services
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DAVID HILL
PRINCIPAL CHIEF

DEL BEAVER
SECOND CHIEF

Employment Verification

Dear Employer:

Please provide the following information:

Employee Name: _____

Employer/Company: _____

Position: Permanent Temporary Seasonal Full-Time Part-Time

Hire Date: _____

Rate of Pay: \$_____per hour Hours a week: _____

Employee paid: Daily Weekly Bi-Weekly Twice a month

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

To be completed by employer

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

Name_____ (print)

Signature: _____

Title: _____

Phone #: _____