



Arkansas Career Pathways Initiative Verification of Earnings Form

Student: _____

Dates Worked: _____

Hours Worked: _____

Wages Earned: _____

Employer Name: _____ Employer Phone Number: _____

Employer Address: _____

Job Description: _____

I hereby certify that the statements above are true and accurate.

Employer Signature

Date

Student Signature

Date

Student Phone Number: _____



Arkansas Career Pathways Initiative Monitoring Form

Monitoring Period: _____

Students must submit by designated dates. Monitoring forms must be turned in at a minimum of once per voucher period.

Student: _____ Phone #: _____

Class Name: _____

This student is attending class on a regular basis and maintaining a satisfactory GPA.

Instructor's Signature

Date

Comments

Class Name: _____

This student is attending class on a regular basis and maintaining a satisfactory GPA.

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