

BROWN COUNTY COMMUNITY CORRECTIONS
SCHEDULE/EMPLOYER VERIFICATION

NAME: _____ Employer: _____

WEEK ENDING: ___ / ___ / ___ SUPERVISOR: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START	START	START	START	START	START	START
END	END	END	END	END	END	END

REMARKS :

I swear or affirm under penalties of perjury the above is true.

EMPLOYER: _____ DATE: _____