

HIRE A MoVal Veteran PAYROLL

EMPLOYER NAME	BUSINESS ADDRESS	CITY, STATE	ZIP
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PAYROLL NO.	EMPLOYEE NAME	EMPLOYEE PHONE NO.
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FOR WEEK ENDING	JOB TITLE	TOTAL WEEKLY HOURS WORKED

Date: _____

I, _____, _____ do hereby
(Print/Type: Name of Signatory Party) (Print/Type: Title of Signatory Party)
state that I pay and/or supervise the payment of those person(s) employed by _____
(Print/Type Name of Company)

and that during the payroll period for the week ending, as listed herein above, all persons employed that qualify under the Hire a MoVal Veteran Program’s Participation Terms and Conditions have been employed for no less than 6 months, and are employed in accordance with both Federal and State of California employment laws, including those laws governing payment of employees at a rate not less than the minimum hourly wage rate for the State of California for all hours worked. **I further certify that the statements made herein of individuals and facts are true and correct and understand that willful falsification of any of the above statements may be subject to disqualification for consideration /participation in the Hire a MoVal Grad Program and may be grounds for civil and/ or criminal prosecution.**

Signature