

EMPLOYER VERIFICATION

Farm work will be verified through the following:

1. Copy of most recent W2 tax forms; **AND**
2. Form below (which must be filled by the employer):

COLLEGE ASSISTANCE MIGRANT PROGRAM
 875 PERIMETER DRIVE MS 3030 MOSCOW, ID 83844-3030
 (208) 885-5173 (PHONE)
 (208) 885-5170 (FAX)
 CAMP@UIDAHO.EDU (EMAIL)

 (Student's name)

 (Employee's name)

EMPLOYER'S NAME: _____ **COMPANY NAME:** _____

EMPLOYER'S ADDRESS: _____ **PHONE:** _____

This Student has applied to participate in the College Assistance Migrant Program at the University of Idaho. In order to be eligible, the student themselves, or their immediate family must have spent a minimum of 75 days during the past 24 months in migrant and/or seasonal farmwork.

Seasonal farm worker: is a person whose primary employment is farm work (related to crops, dairy products, poultry, livestock, tree harvesting, or fish farms) on a temporary basis.

Migrant farm worker: is a seasonal farm worker whose employment requires travel that keeps him/her from returning to their permanent home within the same day.

NAME OF EMPLOYEE	TYPE OF WORK PERFORMED (i.e. Irrigating, hoeing, picking, plowing, planting, etc.)	TYPE OF AGRICULTURAL CROP	START DATE (In a given year)	END DATE (In a given year)	TOTAL DAYS (In a given year)
<i>EX: Joe Vandal</i>	<i>Hoeing</i>	<i>Sugar beets</i>	<i>May 2014</i>	<i>Aug 2014</i>	<i>95</i>

SIGNATURE OF EMPLOYER/SUPERVISOR: _____ **DATE:** _____

Please return this form to the above address.

OFFICE USE ONLY: CAMP Verification				Date: _____
<input type="checkbox"/> Phone Confirmation	<input type="checkbox"/> Pay Stub	<input type="checkbox"/> W2	<input type="checkbox"/> Other _____	Employee Initials: _____

