

# EMPLOYER VERIFICATION

**MAILING ADDRESS:**

COLLEGE ASSISTANCE MIGRANT PROGRAM  
875 PERIMETER DRIVE MS 3030, MOSCOW, ID 83844-3030

**EMAIL:** CAMP@UIDAHO.EDU

**FAX:** (208) 885-5170

**PHONE:** (208) 885-5173

Farmwork 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):

\_\_\_\_\_  
(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 farmworker:** is a person whose primary employment is farmwork (related to crops, dairy products, poultry, livestock, tree harvesting, or fish farms) on a temporary basis.

**Migrant farmworker:** is a seasonal farmworker 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 2019</i>	<i>Aug 2019</i>	<i>95</i>

**SIGNATURE OF EMPLOYER/SUPERVISOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please return this form to the above address.*

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