SOACDF Job Creation/Retention Record

Company Name: _____
(company committed to creating/retaining jobs)

Person completing this form: _____

Employment Data as of: _____
(Date)

Last 4 Digits of Social Security Number	Employee Name	Date of Hire	Number of Hours Worked Per Week	Hourly Base Wage Rate	Fringe Benefits Provided	New Position Since Grant Agreement	Existing Position Before Grant Agreement
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SOACDF USE ONLY

_____
Applicant

_____
Project Name

_____
Project Location (City, State)

_____
County

Monitoring: (circle one) 12 month / 18 month / 24 month

Employees

# of Full-Time: _____

# of Part-Time: _____

Monitored By: _____

I certify to the best of my knowledge and belief that this report is correct and complete. I understand that I may be held civilly and/or criminally liable under federal or state law for knowingly making false or fraudulent statements.

_____ _____ _____
Authorized Signature **Printed Name & Title** **Date**