

****THIS IS NOT AN OFFICIAL LETTER TO DRIVE****

**LEBANON MUNICIPAL COURT
EMPLOYMENT VERIFICATION**

This form must be completed by your employer or supervisor. Failure to submit this form and proof of insurance to the Clerk's office will result in denial of driving privileges.

EMPLOYEE NAME: _____

ADDRESS AND PHONE : _____

EMPLOYER: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____

EMPLOYEE'S REGULAR WORK SCHEDULE:

<u>Day</u>	<u>Starting Time</u>	<u>Quitting Time</u>
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Signature of Employer/Supervisor Title Date

****THIS IS NOT YOUR LETTER TO DRIVE.** *You must turn this in to the clerk's office for approval, and then an official court document will be issued to you.***