

ECTOR COUNTY POST SENTENCE MONITORING

**ECTOR COUNTY COURTHOUSE
300 NORTH GRANT, ROOM 108
ODESSA, TEXAS 79760
432-498-4133 OFFICE 432-498-4134 FAX**



Employment Verification Form

**Note: Must be Turned in by employer, no exceptions will be made to email:
PSM108@ectorcountytexas.gov**

Employer _____
Address _____
Phone # _____
HR Contact / Supervisor _____
(Please Include Direct Phone #)

Start Date: _____

Schedule:
Monthly _____ Bi-Weekly _____ Weekly _____ Permanent _____

Hours:

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

Work location/ Address _____

**Note: Please be advise defendants are given 30 minutes' travel time to and from work unless additional time is requested by the employer.
Form will need to be completed by the employer each time clients schedule changes.
Please be advised employer must call if client will need to work late or come in for Overtime.**