

**ENTERPRISE ZONE PROGRAM
Employee Certification Report
New Employee List**

Contract No.: _____ Reporting Period: _____

Employee Name	Physical Address (No Post Office Box)	Parish of Residence	Social Security Number (xxx-xx-1234)	LA Resident/ US Citizen Domiciled in LA Y/N	Full Time Y/N	Hire Date	Certification Requirements
----------------------	--	----------------------------	---	--	--------------------------	------------------	-----------------------------------