

Child Care Financial Assistance Program Verification of Employment

Please fill this form out and mail to:

Section 1: Employee Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Consent for release of employment verification:

Employee's signature: _____ Date: _____

Section 2: Employer's Information - to be filled out by the employer

Business name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Start Date of Employment: _____ Hourly Rate of Pay: _____
Days of week worked: Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday
Hourly Schedule: _____ Estimated number of hours per week: _____
Hours worked daily (Example: 8 a.m. to 4 p.m.)
How often will the employee be paid? Weekly Bi-weekly Monthly Other: _____
Estimated duration of work: _____ Expected lay off date: _____
Employer's signature: _____ Date: _____

Thank you for your help!

If you have questions regarding completion or submission of this form, please contact the Community Child Care Eligibility Specialist at the number below:

