

# 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:

