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: ________________

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:

http://dcf.vermont.gov/cdd
Agency of Human Services

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