

EMPLOYMENT VERIFICATION FORM

(To be completed by employer)

This is to verify				
This is to verify(Print Employee Name)				
Birth date:/ Social (Full Birthday and Social Security	Security No:			
Center Name:				
License #: License Type (please circle): I II III				
Center Physical Address:	Center Mailing Address: (if different)			t)
Enter the hire date at this facility fo	r the employee na	amed above, in the a	ppropriate colui	mn below:
Type of Experience:	administrativ	e classro	om	other
Hire Date:	/	/	_/	_/
Termination Date (if any):			_/	_/
Enter the number of current hours j	per week spent in	each job area(s) (no	ot to exceed 40 l	hours):
Director	_ Assistant Director Lead Tead		Гeacher	
Assistant Teacher	Other			
To meet state requirements an employmemployment verification can be signed by administrative personnel in the organizar I certify that the above information is true	by the owner of the cation.			
(Print Director/Center Representative's Name)		(Director/Center Repres	entative's Signatur	re)
Director phone: ()	<u>-</u> _			
Director Email address		(Date Si	gned)	

Your private information is not shared outside the Louisiana Department of Education and its affiliates. This form is required for all LA Pathways members.

Return to:

Louisiana Pathways Attention: Career Development 1800 Warrington Place Shreveport, LA 71101-4425 (800) 245-8925 318-677-3163 In order for information to be processed in a timely manner for **School Readiness Tax Credit** eligibility, documentation should be **received or postmarked by December 31** of the current tax year.