CHILD CARE EMPLOYMENT VERIFICATION FORM

AUTHORIZATION:

| To Whom It May Concern: | | | |
|--|------------------|--|---------------------------------|
| I hereby authorize you to provide any info | ormation in your | possession regardin | g my job performance, length of |
| employment and character to: | | | |
| Employee's Signature: | | | |
| VERIFICATION: | | | |
| Name of Employee: | | SSN_ | |
| Name of Employer: | | Phone: (|) |
| Address: | | | |
| Dates of Employnent: | | to | |
| , | nonth/year) | | (month/year) |
| 2. Number of Hours Worked per V | Veek: | | |
| 3. Position Title: | | | |
| 4. Duties and Responsibilites: | | | |
| 5. Additional Comments (optional) | | | |
| Verifier's Signature: | | Title: _ | |
| ************** | | ************************************** | *********** |
| Total Hours per week | x 4.33 weel | cs per month = | |
| Total hours per month | x | no. of months | s = |
| Total hours | ÷ 1250 hrs. | /years = | <u>years</u> |