Employment Verification Form

Fee assistance is authorized for 60 days to allow spouses to submit 1 month's worth of consecutive paystubs verifying employment. The Employment Verification Form should be filled out and signed by the spouse's employer.

RE: Family ID# ______________________

Name of the Employer: ______________________________________________________

Address:  _________________________________________ ______________________

Phone Number: ________________________

This is to certify that ______________________________ holds the position of 
(Employee Name)
_______________________________.

Start date of position: ___/___/___

Position Type: □ permanent    □ temporary position (please list end date) ___/___/___

Pay rate: _______ □ hourly □ weekly □ bi-weekly □ semi-monthly □ monthly

Number of work hours per week: _______

Pay Frequency: □ hourly □ weekly □ bi-weekly □ semi-monthly □ monthly

____________________________    ____________________________
Name of the personnel officer      Title

____________________________    ____________________________
Signature of the personnel officer      Date

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