



Employment Verification Form

Fee assistance is authorized for 60 days to allow the Spouse, or non-Sponsor parent, to submit 1 months' worth of consecutive paystubs verifying employment. The Employment Verification Form must 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 or 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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