



### Maternity Leave Verification Form

Fee assistance is authorized for 60 days to allow spouses to submit 1 month's worth of consecutive paystubs verifying employment. The Maternity Leave 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) . and will be on paid **OR** unpaid (circle one) maternity leave.

Start date of leave: \_\_\_/\_\_\_/\_\_\_ Anticipated date of return: \_\_\_/\_\_\_/\_\_\_

Pay rate: \_\_\_\_\_  hourly  weekly  bi-weekly  semi-monthly  monthly

Pay rate after maternity leave \$\_\_\_\_\_ 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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