



Maternity/Paternity 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/Paternity 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 maternity/paternity leave.

Start date of leave: ___/___/___ Anticipated date of return: ___/___/___

Pay rate: _____ hourly weekly bi-weekly semi-monthly monthly

Pay rate after 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

1515 N Courthouse Rd, 2nd Floor
Arlington, VA 22201

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