



## 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