



Work Schedule Verification Form

The Work Schedule Verification Form should be filled out and signed by the employer.

Family ID# _____

Name of the Employer: _____

Employer Service Industry: _____

Address: _____

Supervisor Name: _____

Supervisor Phone Number: _____ Supervisor Email: _____

This is to certify that _____ holds the position of
(Employee Name)

_____.

Start date of position: _____

Position Type: permanent temporary position (please list end date) _____

Employee Schedule: _____ weekday nights weekends on call

Name of the personnel officer

Title

Signature of the personnel officer

Date

1515 N Courthouse Rd, 2nd Floor
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