



Employment Verification Form

Fee assistance is authorized for 60 days to allow spouses to submit 1 month's worth of consecutive paystubs verifying employment. The Employment 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)
_____.

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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