

CHILDCARE EMPLOYMENT VERIFICATION FORM

AUTHORIZATION:

DATE: _____

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding employment with your organization to Duck Hollow Discovery Learning Center.

Employee's Signature: _____

VERIFICATION:

Employee's Name: _____ SS#: _____

Dates of Employment: _____ to _____

Number of Hours Worked per Week: _____

Position Title: _____

Duties and Responsibilities: _____

Verifier's Signature: _____ Title: _____

Name of Employer: _____ Phone: _____

Address: _____

FOR OFFICE USE ONLY

Total hours per week _____ x 4.33 weeks per month = _____

Total hours per month _____ x 12 months per year = _____

Total hours per year _____ x _____ years = _____