## CHILD CARE EMPLOYMENT VERIFICATION FORM

## **AUTHORIZATION:**

To Whom It May Concern:			
I hereby authorize you to provide any info	ormation in your po	ssession regarding	my job performance, length of
employment and character to:			
Employee's Signature:			
VERIFICATION:			
Name of Employee:		SSN	
Name of Employer:		Phone: (	_)
Address:			
Dates of Employnent:(m	outh (voor)	to	(month/mon)
2. Number of Hours Worked per W	/eek:		
3. Position Title:			
4. Duties and Responsibilites:			
5. Additional Comments (optional)			
Verifier's Signature:		Title:	
***************		**************************************	***********
Total Hours per week	x 4.33 weeks	per month =	
Total hours per month	x	no. of months	=
Total hours	÷ 1250 hrs/ye	ears =	<u>years</u>