



## 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  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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