



Child Care Employment Verification Form

AUTHORIZATION:

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding my job performance, length of employment and character to: Little Treasures Learning Center.

Employee's Signature: _____

VERIFICATION:

Name of Employee: _____ SSN: _____

Name of Employer: _____ Phone: (____) _____

Address: _____

1. Dates of Employment: _____ to _____
(Month/Year) (Month/Year)

2. Number of hours worked per week: _____

3. Position Title: _____

4. Duties & Responsibilities: _____

5. Additional Comments (optional): _____

Verifier's Signature: _____ Title: _____

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FOR OFFICE USE ONLY

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

Total hours per Month _____ x _____ no. of months per year = _____

Total hours _____ ÷ 1250 hours/years = _____ Years