

# YN CHILD CARE AND DEVELOPMENT FUND PROGRAM EMPLOYMENT VERIFICATION

EMPLOYEE INFORMATION		
Employee Name:	Position:	Start Date:

EMPLOYMENT INFORMATION		
Employer Name:	Business Address:	Supervisor Name & Phone/Ext:

WORK SCHEDULE			
Days	Start	End	Comment
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: _____Hrs	<input type="checkbox"/> Set Schedule <input type="checkbox"/> Rotating Schedule	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal
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Comments:

Supervisor Signature:	Date:
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### EMPLOYEE ACKNOWLEDGEMENT

**Parent/Guardian:** I understand that I am eligible for YN CCDF assistance while I am employed and upon approval agree to notify the program of any changes to my work schedule. If I stop working I acknowledge that I will no longer qualify for childcare assistance.

Employee Signature:	Date:
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### OFFICIAL USE ONLY

<input type="checkbox"/> Submitted Paystub <input type="checkbox"/> Phone/Email Verification (Wage _____)	<input type="checkbox"/> Follow Up – Reason:
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Comments:	Comments:
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YN CCDF Signature & Date:	YN CCDF Signature & Date:
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