



"Building partnerships to enable all young children to reach their full potential"

Smart Start Child Care Scholarship Employment Verification

TO BE COMPLETED BY YOUR EMPLOYER:

This person has applied for a Smart Start Child Care Scholarship from Lee County Partnership for Children. The following information is needed in order to document the applicant's income/employment. Please complete the following information and return to the address shown below by: _____

Name of Employee (Worker): _____
Social Security # or ITIN #: _____ Beginning date of employment: ____/____/____
Termination date of employment: ____/____/____

Is this a temporary job? Yes No If yes, how long is it expected to last? _____
How many hours does/will the individual work per week: _____ From _____ a.m./p.m Until _____ a.m./p.m.
How many days per week does/will the individual work: _____ (Please circle) M T W Th F Sa Sun
How often is/will the pay (be) received? Daily Weekly Every 2 weeks Twice a month Monthly
Check stubs are attached Yes No If no, please complete the following information for the month of: _____

(Please DO NOT complete the table below if completing for a new employee, skip to the next question)

Date Pay Received Month & Day	Numbers of Hours	Rate of Pay	Bonus or Vacation Pay	Gross Pay	Tips

If client is newly employed, please provide rate of pay _____ (circle one) hourly weekly monthly daily

Does your company pay for child care? Yes No If yes, how much? _____ how often? _____

Contact information for the person completing this form:

Name: _____

Title: _____

Name of Company: _____

Phone number: _____ Fax number: _____

Email: _____

I verify that all the information contained in this Employment Verification is true and correct.

Signature _____

Date _____

Thank you in advance for completing this form. If you have any questions, please contact Nicole Bowker, Smart Start Subsidy Specialist at Lee County Partnership for Children (919) 774 -9496.

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