

Partnership for Children & Families NC Pre-K Application 24-25

www.pfcf.org/ncprek
ncprek@pfcf.org

(919) 774-9496
507 N Steele Street, Sanford



EMPLOYMENT VERIFICATION FORM

To be completed by EMPLOYER.

Your employee has applied for the NC Pre-K Program from Partnership for Children & Families and the following information is needed in order to document the applicant's income/employment.

EMPLOYEE INFORMATION

First Name: _____ Last Name: _____

Is this a temporary job? Yes or No

If yes, how long is it expected to last? _____

Hourly Rate of Pay: _____

Hours Per Week: _____

Before Taxes: _____

After Taxes: _____

EMPLOYER INFORMATION

Name of Company: _____

Person Completing this Form

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone #: (_____) _____ Fax #: (_____) _____

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

Signature: _____ Date: _____