Child Care Financial Assistance Program
Verification of Employment

Please fill this form out and mail to:
Child Care Resource
300 Cornerstone Drive, Suite 128
Williston, VT 05495
Phone: (802) 863-3367
Fax: (802) 863-4202

Section 1: Employee Information

Name: ____________________________________________________________
Address: _________________________________________________________
City: __________________________ State: ____________ Zip: __________
Phone: _________________________ Email: ___________________________

Consent for release of employment verification:
Employee’s signature: __________________________ Date: __________

Section 2: Employer’s Information - to be filled out by the employer

Business name: ____________________________________________________
Contact Person: ____________________________________________________
Address: __________________________________________________________
City: __________________________ State: ____________ Zip: __________
Telephone Number: ________________________________________________
Start Date of Employment: ___________________ Hourly Rate of Pay: _______
Days of week worked: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
□ Saturday □ Sunday

Hourly Schedule: _________________________ Estimated number of hours per week: _______
Hours worked daily (Example: 8 a.m. to 4 p.m.)

How often will the employee be paid? □ Weekly □ Bi-weekly □ Monthly □ Other: _______________________
Estimated duration of work: __________________________ Expected lay off date: __________
Employer’s signature: __________________________ Date: __________

Thank you for your help!

If you have questions regarding completion or submission of this form, please contact the Community Child Care Eligibility Specialist at the number below:

http://dcf.vermont.gov/cdd
Agency of Human Services
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