

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program EMPLOYMENT VERIFICATION STATEMENT	Return To: ccscentral.msde@maryland.gov
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Section 1 General Information	
First Name:	Last Name:
Date of Birth (DOB):	Contact Phone Number:
Social Security Number (SSN) (optional):	

Section 2 New/Current Employment			
Job Title:		Job Start Date: <i>MM/DD/YYYY</i>	
Hourly Wage:	Tips:	Commission:	
Paid per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Period Ending	Gross Pay	Date Received	Hours Worked
Work Schedule: <i>(If schedule varies, indicate number of days worked per week.)</i>			
Number of Hours Worked Per Week:		Does Employee Work: <input type="checkbox"/> Evenings/Nights (7pm – 6am) <input type="checkbox"/> Weekends	

Section 3 Job Termination		
Last Day of Work:	Date Final Pay Received:	Gross Amount of Final Check:
Is Employee on Leave Without Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Expected Date of Return:

Section 4 Employer Information		
Company Name:		Phone Number:
Address:		
Name of Person Completing Form:		Signature:
Title:	Date: <i>MM/DD/YYYY</i>	Phone Number:

Section 5 Signature	
Consent for Release of Information	
<i>I understand that this information will be verified and used by the Child Care Scholarship Program to determine my eligibility for child care scholarships.</i>	
Signature:	Date: