	Maryland State Department of Education/Office of Child Care Child Care Subsidy Program **EMPLOYMENT VERIFICATION STATEMENT**	**Return To:** CCS Central PO Box 17015 Baltimore, MD 21297

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: *MM/DD/YYYY*
Hourly Wage:	Tips:	Commission:
Paid per: ☐ Week ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly		

Period Ending	Gross Pay	Date Received	Hours Worked

Work Schedule: *(If schedule varies, indicate number of days worked per week.)*	
Number of Hours Worked Per Week:	Does Employee Work: ☐ Evenings ☐ Weekends

Section 3 Job Termination		
Last Day of Work: *MM/DD/YYYY*	Date Final Pay Received: *MM/DD/YYYY*	Gross Amount of Final Check:
Is Employee on Leave Without Pay? ☐ Yes ☐ No	If Yes, Expected Date of Return: *MM/DD/YYYY*	

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

Section 5 Signature	
Consent for Release of Information *I understand that this information will be verified and used by the Child Care Subsidy Program to determine my eligibility for child care subsidies.*	
Signature:	Date: