



Employment Verification for Work/Daycare Requirement

The following must be completed by the **employer**:

_____ works at _____
(Name of Parent/legal guardian/legal custodian) *(Name of company)*

(Location of employment)

He/she works _____ from _____ until _____
(Days of Week) *(Hours of Day)*

(Supervisor's Signature) *(Date)*

(Supervisor's Printed Name) *(Supervisor's Title)*

(Supervisor's Phone Number)

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary's Signature

My Commission Expires