



Office of Early Childhood

Verification of Hours

If you work less than 40 hours a week on a regular basis, please have your employer fill out the form below. You must submit this form along with your last 2 check stubs.

Date: _____

Employer/Company Name: _____

Employee Name: _____

Average hours worked per week: _____

Rate of Pay: _____

Employee Signature

Date

Employer Signature

Date