



Employment Verification

Ottawa Tribe CCDF Program

P.O. Box 110

Miami, OK 74355

918-542-7259 / Fax 918-542-3214

Name/Address of Employer: _____

Applicant Name (please print): _____

The above named individual is seeking childcare assistance through the Ottawa Tribe CCDF Program. Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I _____ hereby authorize the release of information requested

(Applicant)

below regarding my employment and compensation.

Signature

Date

TO BE COMPLETED BY EMPLOYER

1. Date employment began _____ Position/Occupation _____

2. Work schedule (example Tue – Sat 7:30 – 4:00) _____

3. Current rate of pay \$ _____ per hour

4. Number of hours per week normally worked _____

5. Employee is paid: (circle one) **Weekly** **2X a Month** **Every Other Week** **Monthly**

I certify that the preceding information is true and correct:

Name of Company Official

Title of Company Official

Telephone Number

Date

If you have any questions regarding the requested documentation please contact the Ottawa Tribe CCDF Program at 918-542-7259.