



EMPLOYMENT VERIFICATION FORM (To be completed by employer)

Original signature is required Please use colored ink and mail or email DO NOT FAX THIS DOCUMENT

This is to verify (Print Employee Name)

Birth date: Social Security No: has worked at (Full Birthday and Social Security number are required for participation in this program)

Center Name:

License #: License Type (please circle): I II III

Center Physical Address: Center Mailing Address: (if different)

Employee named above has the following experience in the facility named above:

Type of Experience: administrative classroom other Hire Date: Termination Date (if any):

Enter current hours per week spent in each job area(s) (not to exceed 40 hours):

Director Assistant Director Lead Teacher Assistant Teacher Other

To meet state requirements an employment verification must be signed/verified by someone other than yourself. A director's employment verification can be signed by the owner of the center, a spouse, an assistant director, a lead teacher, or other administrative personnel in the organization.

I certify that the above information is true and correct.

(Print Director/Center Representative's Name) (Director/Center Representative's Signature)

Director phone: ( ) (Date Signed)

Director Email address

Instructions

Verify each applicable item on a separate form (make copies of this form as necessary) 1) Current child-related work experience 2) Previous child-related work

Your private information is not shared outside the Louisiana Department of Education and its affiliates. This form is required for all LA Pathways members.

Return to:

Louisiana Pathways Attention: Career Development 1800 Warrington Place Shreveport, LA 71101-4425 (800) 245-8925 318-677-3163

In order for information to be processed in a timely manner for School Readiness Tax Credit eligibility, documentation should be received or postmarked by December 31 of the current tax year.

