



CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

New Employment Verification

To be completed by the employer

Employee Full Name _____

Start Date _____

Anticipated Amount of Hours per week _____

Employer's Name _____ Business Phone Number _____

Street Address _____ City _____ Zip _____

Business EIN Number _____ and/or attach your business card.

Printed Name and Title _____

Signature _____ Date _____

****Note: This form cannot be accepted without the EIN number and/or business card****