



Tennessee Department of Human Services
Child Care Certificate Program
Verification of Employment/Income

Name: _____ DOB: _____ Last 4 of SSN: _____

I am employed by: _____

Employer address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

By signing below, I attest the information I have provided on this form is true and accurately represents my employment.

By signing below, I understand if any information provided on this form, including income and hours worked, is found to be false or misleading, it may result in the following:

- Request from the State of Tennessee to provide additional information or documentation.
- Termination of my current or any future participation in the Child Care Certificate Program.
- Potential repayment of any money paid for child care benefits.

Sign here: X _____ Date: _____

NOTE: Please have your employer complete the information below. If you have multiple employers a different form must be completed for each one. Once completed upload this form into your customer portal account.

EMPLOYER'S STATEMENT

I. Earnings Information

1. Is the above-named individual an employee of this firm? Yes No
- a) If yes, please provide date of hire. _____
- b) If no, what was the last day of employment? _____
- c) If returning to work what is the return date? _____

2. Average Hours per Week? _____

3. Rate of Pay? _____ Hourly Salary

4. How often is this employee paid?

- Monthly Semi-Monthly Weekly Bi-weekly Daily

Use the chart below if the employee is paid by cash or personal check only.

Please show the last sixty (60) days gross earnings:

a)

Date Paid	Number of Hours Worked	Gross Paid

Completed by (Print Name): _____

Signed: _____ Title/Position: _____

Date: _____

Telephone: _____

FAX: _____

Email: _____