



EMPLOYMENT VERIFICATION FORM (To be completed by employer)

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) \_\_\_\_\_

Enter the hire date at this facility for the employee named above, in the appropriate column below:

Table with 3 columns: administrative, classroom, other. Rows for Type of Experience, Hire Date, and Termination Date.

Enter the number of 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 \_\_\_\_\_

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.