

Billy Friend
Chief
64700 E. Hwy 60
Wyandotte, OK 74370



Norman Hildebrand, Jr.
2nd Chief
Phone: 918-678-2297
Fax: 918-678-3087

Child Care Development Fund
Employment Verification
Please submit with check stub

Applicant Name (please print): _____

Name/Address of Employer: _____

The above named individual is seeking childcare assistance through the Wyandotte Nation 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 below
(Applicant)
regarding my employment and compensation.

Signature of Applicant

Date

TO BE COMPLETED BY EMPLOYER:

1. Date employment began: _____ Position/Occupation: _____
2. Work schedule (example: Tue. – Sat. 7:00am – 3:30pm): _____
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 Wyandotte Nation CCDF Program at (918) 678-6330.