

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
PARENT CERTIFICATION OF LAST DAY OF EMPLOYMENT**

PARENT – PLEASE COMPLETE THE FOLLOWING:

I certify under the pains and penalties of perjury that the information provided is correct and complete to the best of my knowledge. I understand that providing false or misleading information in connection with my application for EEC financial assistance, receiving EEC financial assistance as a result of any false or misleading information, and/or the concealing or withholding of information for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance may lead to an immediate termination of my child care subsidy.

First day of employment: _____ Last day of employment: _____

Hourly Wage: \$ _____ Average Weekly Hours: _____

Gross Amount on Last Paystub: \$ _____ Position/Title: _____

Company Name: _____

Company Address: _____

City/State/Zip Code: _____

I understand that I must provide tax documentation (W2's and/or income tax returns) at my next reauthorization to document this change of employment.

Parent Name _____ SSN _____

Parent Signature: _____

Today's Date: _____

SUBSIDY ADMINISTRATOR – PLEASE COMPLETE THE FOLLOWING:

I have attempted to contact the previous employer on _____ and have been
DATE

- Successful in reaching the previous employer
- Unsuccessful in reaching the previous employer

SUBSIDY ADMINISTRATOR AGENCY NAME

SUBSIDY ADMINISTRATOR STAFF MEMBER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL

FAX NUMBER