

**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