

Workforce Pathways LA – Stipend Program For Persons Working in Child Development Centers

Name of Applicant: _____ Workforce Registry ID: _____

Program Manager’s Employment Verification Form

For programs that hold a California Department of Education/Early Learning and Care Division (CDE/ELCD) contract

I certify the applicant is an employee of: _____
Name of Center and Agency

I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide, assistant or working in a CSPP-Part Day). To the best of my knowledge, the applicant meets the requirements of participation in *Workforce Pathways LA Stipend Program*. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

For CDE/ELCD-contracted programs. The applicant is employed in the following CDE/ELCD-contracted program type:

- Child Care and Development Center (CCTR)
- CA State Preschool Program (CSPP) Full-Day
- CA State Preschool Program (CSPP) Part-Day
- CA School Age Families Education (Cal-Safe)

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Program Manager’s Signature

Date

