

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

Name of Applicant: \_\_\_\_\_ Workforce Registry ID: \_\_\_\_\_

## Employment Verification Form 2023-2024

*For programs that hold a California Department of Social Services/California Department of Education (CDSS/CDE) contract*

I certify the applicant is an employee of: \_\_\_\_\_  
Employee Job Title: \_\_\_\_\_ Name of Child Development 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. To the best of my knowledge, the applicant meets the requirements of participation in *Workforce Pathways LA Stipend Program*. I understand that the stipend they receive is in addition to their annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Child Care and Development Center (CCTR)   | <input type="checkbox"/> CA State Preschool Program (CSPP) Full-Day  |
| <input type="checkbox"/> CA State Preschool Program (CSPP) Part-Day | <input type="checkbox"/> CA School Age Families Education (Cal-Safe) |

***\*\*Do not leave any information blank. I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.***

Child Development Center Program Manager’s Signature:	Date:
Child Development Center Program Manager’s Name: <i>(Please print)</i>	Facility License Number:
E-mail Address:	Telephone Number:

