

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

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

**Employment Verification Form 2024-2025**

***For programs that do not hold a California Department of Social Services/California Department of Education (CDSS/CDE) contract***

I certify the applicant is an employee of: \_\_\_\_\_

Applicant Job Title: \_\_\_\_\_ Name of Licensed Child Development Center \_\_\_\_\_

I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 15 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.

As of the date of application, the enrollment in the center is \_\_\_\_\_ children, of which \_\_\_\_\_ children are subsidized (***must be 51% or more to qualify for a stipend***). I have uploaded the most current agency attendance sheet for each subsidized child from the following agencies (*check all that apply*):

- Child Care Resource Center (CCRC)
- Children’s Home Society of California (CHS)
- City of Norwalk
- Connections for Children
- Crystal Stairs, Inc.
- Department of Children and Family Services (DCFS)
- Drew Child Development Corporation
- International Institute of Los Angeles
- Mexican American Opportunity Foundation (MAOF)
- Options for Learning
- Pathways LA
- Pomona USD Child Development

*Please ensure attendance sheets are in the same month and agency’s name is printed (July, August, OR September 2024 is accepted). **\*Do not upload duplicate attendance sheets\****

*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: ( <b><i>Please print</i></b> )	Facility License Number:
E-mail Address:	Telephone Number:

