

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

Name of Applicant: _____ Workforce Registry ID: _____

Employment Verification Form - Cycle 6 for Fiscal Year 2025-2026

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 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.

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: *(Please print)*

Facility License Number:

E-mail Address:

Telephone Number: