



PO Box 453220 - Grove Ok 74345 | P: (918) 791-6055 or 6055 | F: (918) 517-3520 or 918-289-2580

[nbowers@sctribe.com](mailto:nbowers@sctribe.com) [emorris@sctribe.com](mailto:emorris@sctribe.com)

## Employment Verification - CCDF Program

Applicant Name: \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above named individual is seeking childcare assistance through the Seneca-Cayuga Nation CCDF Program Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I \_\_\_\_\_ hereby authorize the release of information requested below regarding any employment and compensation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY EMPLOYER:**

- 7. Date employment began \_\_\_\_\_
- 8. Position/Occupation \_\_\_\_\_
- 9. Work schedule (example Tue-Sat 7:30 – 4:00) \_\_\_\_\_
- 10. Current rate of pay \$ \_\_\_\_\_ per hour.
- 11. Number of hours per week normally worked \_\_\_\_\_
- 12. Employee is paid: (Circle one)

**Weekly**

**2x a Month  
(ex. 15<sup>th</sup> & 30<sup>th</sup>)**

**Bi-Weekly  
(Every 2 Weeks)**

**Monthly**

**I certify that the preceding information is true and correct:**

\_\_\_\_\_  
Name of Company Official

\_\_\_\_\_  
Title of Company Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date