



State of Utah
Department of Workforce Services
Office of Child Care
**EMPLOYEE VERIFICATION FOR
YOUTH AND EARLY CARE WORKFORCE BONUS**

NOTE: Pay stubs are the preferred verification of employment. Only submit this form if you do not receive pay stubs. Form is only valid if signed by your employer.

THIS FORM MUST BE COMPLETED BY EMPLOYER

Employment Information

Employee legal name: _____

Child Care Licensing background check number: _____

Start date of employment: _____ Currently employed? Yes No

Most recent pay date: _____ Hours paid: _____ Gross amount paid: _____

Employer/Facility Information

Company name: _____

Corporate name (if different): _____

Facility license number: _____

Name of supervisor or HR contact: _____

Phone number of supervisor or HR contact: _____

This form may be submitted as supporting documentation in the Youth and Early Care Workforce Bonus Application as part of the Employment Verification section. **This form will not be accepted via email.**

/s/ Employer Signature Date

/s/ Employee Signature Date

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.