Smart Start of Davidson County
820 Grimes Boulevard
Lexington, NC 27292
Phone: 336-249-6688
Fax: 336-249-6687
www.partnershipforchildren.org

Employment Verification Form—Scholarship

The employee listed below has applied for **or** is currently receiving services from the Smart Start of Davidson County—Child Care Scholarship Program. Please note this person's employment information below and return the completed form to him/her at your earliest convenience. By signing this form, you're giving us permission to contact you to verify the information you provided.

This form is only necessary if a COMPLETE SET of paycheck stubs CANNOT be provided.

A complete set = 8 most recent paystubs (if paid weekly); 4 most recent paystubs (if paid biweekly or bimonthly); 2 most recent paystubs (if paid monthly)

1. Employee Name _____

2. Applicant Child/ren Name _____

3. Is the person named above **currently employed** by you or your company? Yes No

4. Hire Date: _____

5. Is this person a **10-month** or a **12-month** employee? _____

FOR SSDC OFFICE USE ONLY
Verified by: _____
Date: _____

6a. If **NEWLY HIRED**, what is the **FIRST** pay date when this person will receive his/her **TYPICAL** pay and hours for a **COMPLETE** pay period? : _____ **OR…**

6b. If a **RECENT CHANGE** in pay rate and/or hours has occurred, what is the **FIRST** pay date that will reflect the employee's **NEW** pay rate and/or hours for a **COMPLETE** pay period? _____

7. Pay Rate: $_____ □Hourly □Weekly □Biweekly (Every Two Weeks) □Twice a Month □Monthly

8. On average, how many **hours per week** will this person be working? _____

9. How **often** will the pay be received? □Weekly □Biweekly (Every Two Weeks) □Twice a Month □Monthly

10. If **no** paystubs or payroll summary can be provided, please complete the following table with payments for the **most recent** pay dates: **8 most recent (if paid weekly); 4 most recent (if paid biweekly or bimonthly); 2 most recent (if paid monthly).**

Pay Date	Regular Hours Worked	Regular Rate of Pay	Regular Gross Pay	Overtime Hours Worked	Overtime Rate of Pay	Overtime Gross Pay	Tips

This form MUST be completed by the applicant's EMPLOYER (Manager, Supervisor, or Human Resources/Payroll Rep).

Name of the Company/Employer: _____

Company/Employer Address: _____ City: _____ Zip Code: _____

Phone#: _____ Fax#_____ Contact Email:_____

Name of Employer Filling Out This Form: _____ Title: _____

Employer Signature:_____ Date:_____ **7/23/25**