

Initial Employment Verification

Name: _____ Reg ID: _____

- I am applying for: Oklahoma Child Care Wage Supplement Program
 Oklahoma Registry Certificate of Achievement & Stipend Program

FACILITY INFORMATION

Director's Name: _____

Facility Name: _____

OKDHS License #: K8 _____

Facility Address: _____

City: _____ Zip: _____

- Star Level: 1 Star 2 Star 3 Star
 4 Star 5 Star

Facility Operation:

- Year Round 10 Months (Public School Year)

Are you the owner? Yes No



Summer Dates

→ Fill this section out if you are a **10 Months facility**

Provide the date children are out for their most recent summer break and the date they returned or will return to school:

___/___/___ - ___/___/___.

Include dates of any summer camp you worked (must be under same ownership).

___/___/___ - ___/___/___.

POSITION INFORMATION

I am employed at my facility as a(n):

- Teacher
 Assistant Teacher
 Curriculum Coordinator

I work ___ hours per week teaching in a classroom at this facility.

- Center Director
 Assistant Director

I work ___ hours per week in this role at this facility.

- Large FCCH Provider
 FCCH Provider
 FCCH Assistant

I work ___ hours per week in this role at this facility.

Date you began working at this location: _____

Age group that you currently work with (check all that apply):

- Infants (0-12 months) Preschool 4s' and 5's (49-72 months)
 Toddlers (13-24 months) Elementary (K-3rd grade)
 Twos (25-36 months) Middle (4th-8th grade)
 Preschooler 3's (37-48 months) Secondary (High School)

Have you had any leave time longer than 2 weeks in the last 6 months? Yes No

If yes, please list dates: _____

\$ _____ What is your hourly rate of pay? How often are you paid?

- Weekly Every 2 weeks Twice per month Monthly

SIGN

I understand that I must email stipendandwage@ou.edu as soon as possible with any name/address updates. Failure to make any updates necessary before my payment is made will result in a delay of my payment. (Initial to the left)

INITIAL

The information provided on this form is true and accurate to the best of my knowledge. (Sign and date below)

Signature of Applicant (Physical Signature Required)

Date