



Cowlitz Indian Tribe

Child Care and Development Program

Alternative Hours Verification Form

For Employment: This form is to be completed by the manager or owner of the company

School or Training: Transcripts can be submitted as proof of attendance

Employee/Student Name:

Company/Employer/School Information:

Company/Employer/Program Name:

Phone Number:

Physical Address:

City:

State:

Zip:

Manager/Supervisor/Advisor Name:

Title:

Work Schedule: Please list the times employee is scheduled to work.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Scheduled							

Total Hours Per Week:

Start Date:

Type of employment/school:	Full Time	Part Time	Temporary	Permanent	Other

Employee/Student Signature: _____ Date: _____

Manager/Supervisor/Advisor Signature: _____ Date: _____

This form is for the Cowlitz Indian Tribe Child Care and Development Program (CCDP), which will be used to determine the client's eligibility for non-traditional hours and overtime child care service.