



Cowlitz Indian Tribe

Child Care and Development Program

Hours Verification Form

(This form is to be completed by the manager or owner of the company)

Employee's Name:

Company/Employer Information:			
Company/Employer Name:			Phone Number:
Physical Address:	City:	State:	Zip:
Manager/Supervisor 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:							
		Full-time		Part-Time		Temporary	
		Other					
When Paid: Monthly Weekly Bi-weekly Aprox. Amount							

Start Date:

Employee's Signature: _____ Date: _____

Manager/Supervisor's 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.