OKLAHOMA PARTNERSHIP FOR SCHOOL READINESS

Employment Verification for Strong Start Program

(To be completed by the Employer and given to Employee to upload with their Employee Application)

Employee Name:_____

Employee Job Title:_____

Employee Hire Date:_____

Facility Name:_____

Employer Facility Owner/Manager Name:_____

Employer's Facility K8# :   **K8**_____

Employer's Facility Subsidy Contract # : _____

This should be your general OKDHS contract number, which matches the information found on the Child Care Locator page (https://childcarefind.okdhs.org).

By signing this form, I certify that this Employee is currently employed at the Facility listed above.

Owner/Manager Name (Print/Type) _____

Signature of Owner/Manager_____**Date**_____