



**MQC 2021-2022 Academic Award
Employer Verification Form**

Promoting Excellence in Early Care and Education

EMPLOYER VERIFICATION To be completed Supervisor/Director. Please Print or type. VERIFICACIÓN DEL EMPLEADO <i>Para ser llenado por el Supervisor/Director de su programa. Por favor escriba o imprima.</i>		
EMPLOYER (Name of Agency):		
SCHOOL SITE NAME:	CLASS NAME/NUMBER:	
ADDRESS:	CITY:	ZIP CODE:
SUPERVISOR/DIRECTOR'S NAME:	PHONE NUMBER:	
EMPLOYMENT START DATE:	Monthly salary or hourly wage:	
EMPLOYEE'S JOB TITLE:	Hours worked weekly:	
<p><i>I certify that this applicant is currently employed in the above-mentioned Early Care and Education classroom/program <u>and</u> works directly with children. I have approved their plan for Professional Learning and agree that it meets our program/agency requirements and need for professional learning and will support the applicant's continued growth as an educator for young children.</i></p>		
_____ Supervisor/Director's Printed Name	_____ Supervisor/Director's Signature	_____ Date