

VERIFICATION OF INCOME BY EMPLOYER
CHILD CARE SUBSIDY

The following verification is provided in strict confidence as requested by the employee, to support an application for child care subsidy. **Note:** This form should be filled out for new employment only (if you have not yet received 2 pay slips).

EMPLOYEE INFORMATION

First name _____ Last name _____

Date employment commenced YYYY / MM / DD

Present gross (before deductions) salary (complete most appropriate space)

Weekly \$ _____ Bi-weekly \$ _____ Semi-monthly \$ _____

Monthly \$ _____ Commissions \$ _____

Other \$ _____ Please specify for "other" _____

Hours per pay period _____

Deductions from present gross salary

Income Tax \$ _____ C.P.P. \$ _____ Employment Insurance \$ _____

Union Dues \$ _____ Pension \$ _____ Insurance \$ _____

Other \$ _____ Please specify for "other" _____

EMPLOYER INFORMATION

First name _____ Last name _____ Title _____

Business/Organization name _____

Address _____

Telephone number _____

Signature of employer

(certifies that the above information is correct) _____

Information is collected under the authority of the *Child Care Act* for the purpose of determining eligibility for programs offered by Child Care Services. Queries should be directed to the Supervisor, Child Care Services Unit, Health and Social Services at 867-667-3492, or toll free-1-800-661-0408, or in writing at H-12, Box 2703, Whitehorse, Yukon Y1A 2C6.