



Early Achievers Grant 2023-2024 Employment History Verification

CHILDCARE FACILITY INFORMATION:

Name _____

Address _____ City _____ State _____ Zip Code _____

This Early Learning Facility is actively participating in the Early Achievers program Yes No

STUDENT INFORMATION:

STARS ID: _____ Student ID (SID): _____

Last Name: _____ First Name: _____

Work history (does not include volunteer hours)

Hours worked: Weekly hours _____ Or: Monthly hours _____ Hiring Date: _____

I certify information contained on this form is accurate.

Childcare program director's signature

Date

QUARTERLY EMPLOYMENT STATUS VERIFICATION

Quarter/Year: _____ Initials: _____ Date: _____

Quarter/Year: _____ Initials: _____ Date: _____

Quarter/Year: _____ Initials: _____ Date: _____

Return to: Elisa Harvey, Workforce Funding and Support Programs
Grays Harbor College
1620 Edward P. Smith Dr, Aberdeen WA 98520
Elisa.harvey@ghc.edu
Office: (360) 538-4077
Fax: (360) 538-4295