



T.E.A.C.H. Early Childhood Michigan®
Employer Verification Form

This form MUST be completed by your current or most recent Supervisor/Director and uploaded into your online scholarship application.

Name of Program/Employer: _____

Program/Employer Address: _____
Street City
State Zip Code County

Employer Mailing Address (if different from location): _____
Street City
State Zip Code County

License #: _____ Employer's Tax Status: [] Profit [] Nonprofit

If your program is licensed, is it NAEYC or NAFCC accredited? Yes [] No [] Number of children enrolled: _____

Select all forms of funding your program receives:

- [] DHS Subsidy [] Early Head Start [] GSRP [] Head Start [] IDEA [] Title 1

I, _____ (Supervisor/Director) verify that _____ (Applicant Name) is employed with my program. I am authorized to make financial decisions on behalf of my program.

Applicant's Hourly Wage: _____ Applicant's Average Hours Per Week: _____

Choose One:

I acknowledge that my program will be asked to:
- Provide paid release time (up to 3 hours/week) for employees who are regularly scheduled 30 or more hours per week to attend class, complete school assignments, or tend to matters that are impacted by class attendance. I understand that Release Time given will be reimbursed by T.E.A.C.H. each semester at a rate of \$11/hour.
- Award a (select one)
[] 2% Raise
[] \$375 Bonus
when T.E.A.C.H. notifies me the scholarship candidate has completed 9-18 credits over one contract year. I understand this is in addition to the bonus issued to the scholarship candidate by T.E.A.C.H.

OR

My program is unable to Sponsor the scholarship candidate due to the following reason: (select one)
[] An employment policy is in place that states your program does not participate in tuition assistance or reimbursement
[] An employment policy is in place that states your program is unable to provide an increase in compensation due to educational attainment
[] Employees of my program are part of a larger bargaining unit

Employees of programs unable to sponsor due to one or more reasons above may be eligible for a Stipend-based scholarship. A copy of the policy that validates the conflict or a letter from the program administration such as a school superintendent verifying this conflict MUST BE ATTACHED TO THIS APPLICATION for applicants to be considered for a stipend-based scholarship.

OR

The scholarship candidate is applying for a CDA Assessment, Building Foundations scholarship, or Master's Degree Scholarship (no program sponsorship required).

Supervisor/Director Name: _____ Supervisor/Director phone: _____

Supervisor/Director E-mail: _____

Supervisor/Director Signature: _____ Date _____