

Office Use Only

Case Head: _____

Case Number: _____

Onslow County Partnership for Children

900 Dennis Drive, Jacksonville, NC 28546 Phone: 910-938-0336 Fax: 910-938-0068

www.onslowkids.org

Proof of Termination by Employer

Client/Employee Name: _____

To whom it may concern, this Person has applied for child care assistance. By signing the application, permission was given to contact you to verify certain information. Please verify employment for the above person.

Please return this form by: _____

Date	Case Manager / Telephone Number

ALL INFORMATION BELOW IS TO BE COMPLETED EMPLOYER.

If the individual is no longer employed with you, complete the following information:

Date Employment Terminated: _____

Date Final pay Received: _____

Amount of gross income received during final month of employment: \$ _____

Employer/ Company Name: _____

Name	Title	Date:

Telephone Number: _____

Street	City	State	Zip

Signature of Employer	Date

Please return to:
Onslow County Partnership for Children
Child Care Subsidy

Phone Number: (910)938-0336
Fax Number: (910)938-0068

