



changing tides
family services

Child Care Services Verification of Time Worked

Month: _____ Employee name: _____

DATE	TIME				I verify under penalty of perjury that I am employed and worked these hours.
	IN	OUT	IN	OUT	
1					Signature _____ Date _____
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11					I verify under penalty of perjury that I am the above named employee's supervisor and that these work hours are true and correct.
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