



**COLUMBIA COUNTY
DEPARTMENT OF SOCIAL SERVICES
25 RAILROAD AVE., P.O. BOX 458
HUDSON, NEW YORK 12534**

**TELEPHONE (518) 822-0087
FAX (518) 822-9463**

**ROBERT M. GIBSON
COMMISSIONER**

**MICHELLE UBLACKER
DEPUTY COMMISSIONER**

Dear Employer:

The employee: _____ is currently receiving subsidized childcare. Childcare is paid in accordance with the employee's work attendance.

The Columbia County Day Care Unit is requesting employers to complete verification of their hours worked.

Please record actual worked times not scheduled times.

Example:

Month: Jan. 2022	Date: 1 st
Arrival Time	7:05AM
Departure Time	10:39PM

Forms are to be submitted with the corresponding months' billing form.

Employers are asked to review forms prior to employee submission to prevent payment errors and or delays. If you have any questions, need assistance or alternate arrangements please feel free to contact the Daycare Unit @ (518) 822-0087.

Sincerely,

Day Care Subsidy Department

MONTHLY WORK VERIFICATION FORM

This form must be completed and sent in with the corresponding bill in order for the bill to be processed.

Employee's Name: _____

Employer's Name: _____ Employer's Address _____

Supervisor's Printed Name _____ Supervisor's Phone# _____

Month of 22	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Arrival Time							
Departure Time							
	8 th	9 th	10 th	11 th	12 th	13 th	14 th
Arrival Time							
Departure Time							
	15 th	16 th	17 th	18 th	19 th	20 th	21 st
Arrival Time							
Departure Time							
	22 nd	23 rd	24 th	25 th	26 th	27 th	28 th
Arrival Time							
Departure Time							
	29 th	30 th	31 st				
Arrival Time							
Departure Time							

(Please sign legibly)

Authorized Supervisor's Signature: X _____ Date: _____

Supervisor's Printed Name _____ Supervisor's Phone# _____

Employee's Signature: X _____ Date: _____