



CERTIFICATION OF ADDITIONAL HOURS WORKED/CHILD CARE PROVIDED

Parent Name: _____ SSN# _____

School Readiness Provider: _____

I hereby certify that during the week of _____ to _____, I worked extra or overtime hours. I understand that my employer may be contacted to verify the additional work hours. False or incorrect certification may lead to loss of my school readiness services. My work hours were:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Time worked (ex: 6AM to 8PM)							

Parent signature: _____ Date: _____

School Readiness Provider

I hereby certify that I provide school readiness services for _____
(child's name)

Because the parent needed service beyond the authorized hours to meet the parent's extended work time, I provided school readiness services during the hours indicated below for which I am requesting an adjustment to my reimbursement.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Care Provided (ex: 6AM to 5PM)							

Provider Name: _____

Authorized signature _____ Date: _____

*This form must be completed for each week with additional service hours and the signed form must be uploaded to the **SR Additional Work Hours folder in the Document Library** for payment to be made.*

FOR REIMBURSEMENT STAFF ONLY:

Staff Signature: _____ Date: _____

Comments: _____

