

CERTIFICATION OF ADDITIONAL HOURS WORKED/CHILD CARE PROVIDED

Parent Name:			SSN#				
School Readiness	Provider: _						
I hereby certify the overtime hours. hours. False or in hours were:	I understa	nd that my e	mployer may	y be contacte	ed to verify t	he additiona	ıl work
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Time worked (ex: 6AM to							
8PM)							
Parent signature:				Date:			
		Scho	ool Readines	ss Provider			
I hereby certify th	nat I provid	le school read	diness servic	es for		's name)	·
Because the pare	nt needed s	service bevoi	nd the author	rized hours t			
time, I provided s requesting an adj	school read	iness service	s during the				
	school read	iness service	s during the				
requesting an adj	school read ustment to	iness service my reimbur	s during the sement.	hours indicat	ted below for	r which I am	1
Date Care Provided (ex: 6AM to	school read ustment to	iness service my reimbur	s during the sement.	hours indicat	ted below for	r which I am	1
Date Care Provided (ex: 6AM to 5PM)	school read ustment to Mon	iness service my reimbur Tues	s during the sement. Wed	Thurs	Fri	r which I am	1
Date Care Provided (ex: 6AM to 5PM) Provider Name: _	school read ustment to Mon	my reimbur	s during the sement. Wed	Thurs	Fri	Sat	Sun
Date Care Provided (ex: 6AM to 5PM)	Mon wre	Tues d for each we	s during the sement. Wed eek with addi	Thurs itional service	Fri Date	Sat Sat e: the signed f	Sun Form must
Date Care Provided (ex: 6AM to 5PM) Provider Name: Authorized signat This form must be be uploaded to the	Mon wree completed as SR Addi	Tues d for each we	s during the sement. Wed eek with addi	Thurs itional service	Fri Date	Sat Sat e: the signed f	Sun Form must
Date Care Provided (ex: 6AM to 5PM) Provider Name: Authorized signat This form must be be uploaded to the be made.	Mon wre e complete e SR Addi	Tues d for each we tional Work	s during the sement. Wed eek with addit Hours fold	Thurs itional service er in the Do	Fri Date	Sat Sat e: the signed for pay	Sun Form must syment to
Date Care Provided (ex: 6AM to 5PM) Provider Name: Authorized signat This form must be be uploaded to the be made. FOR REIMBURSEN	Mon wre e complete e SR Addi	Tues d for each we tional Work F ONLY:	s during the sement. Wed eek with addit Hours fold	Thurs itional service er in the Do	FriDate the hours and the cument Lib	Sat e: the signed for pay	Sun Sorm must