

Employer Reference

I, (Please print) _____ certify that the {NAME OF EMPLOYEE} _____ is employed by my licensed child care facility, {NAME OF CENTRE} _____.

I also verify that {NAME OF EMPLOYEE} _____ currently works 15 hours each week on a {PLEASE CIRCLE ONE: Part/time/Full/Time} basis.

I also agree to guarantee to employ {NAME OF EMPLOYEE} _____ for a minimum of 15 hours/week as required to participate in the Level 1 training program pilot project for the duration of the pilot.

To support {NAME OF EMPLOYEE} _____ to be successful, I understand there will be two guided workplace courses that will be completed in my centre as part of the requirements of the training program. Further, I understand these guided workplace courses will be completed during paid working hours.

If there is change to this arrangement as described on this form, I agree to notify EECDC immediately. I realize that failure to do so may result in approval being revoked.

Signature: _____ Date: _____
(Employer or authorized agent of Employer)

Signature: _____ Date: _____
(Applicant or authorized agent of Applicant)