

## EARLY LEARNING AND CHILD CARE SUBSIDY

## **VERIFICATION OF INCOME BY EMPLOYER**

This form should be filled out for new employment only (if you have not yet received 2 pay slips).

The following verification is provided in strict confidence as requested by the employee, to support an application for Early Learning and Child Care Subsidy.

Employee information						
First name		Last name			Date employment commenced	
Present gross (before deductions)	salary	– complete mos	st appropriate space			
Weekly	\$		Commisions		\$	
Bi-weekly	\$		Other (specify):		\$	
Monthly	\$					
Semi-monthly	\$		Hours per pay period		hrs	
Deductions from present gross sal	ary					
Income tax	\$		Employment insurance		\$	
Union dues	\$		Insurance		\$	
C.P.P.	\$		Other (specify):		\$	
Pension	\$					
Employer information						
First name Last na		Last name	Title			
Business/organization name				Phone		
Address						
Signature of employer (certifies that the al	oove info	ormation is correc	ct) Date			

The personal information is used and collected under the *Child Care Act* and the *Access to Information and Protection of Privacy Act* and is used for the purposes of determining eligibility for programs offered by Early Learning and Child Care. Questions on how this information is used, disclosed, and collected should be directed to, Early Learning and Child Care Unit, Education at 867-667-3492 or toll-free at 1-800-661-0408 extension 3492, or in writing E-23 Box 2703, Whitehorse, Yukon, Y1A 2C6.

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