



Utah Afterschool Network  
Employee Verification for Afterschool Incentive  
This Form Must be Completed By the Employer

Employment Information

Employee Legal Name: \_\_\_\_\_

Child Care Licensing background check number: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Currently Employed? \_\_\_ Yes \_\_\_ No

End Date of Employment: \_\_\_\_\_

Employer/ Facility Information

Company Name: \_\_\_\_\_

Corporate Name: (if different) \_\_\_\_\_

Facility license number: \_\_\_\_\_

Name of supervisor or HR contact: \_\_\_\_\_

Phone number of supervisor or HR contact: \_\_\_\_\_

I certify that the above employee has worked at least **10 hours per week**, directly with youth **ages 5-18 in an afterschool program** OR directly supervises or has supervised those who work with youth ages 5-18 in an afterschool program, during the **above noted dates**. This form will be accepted via email with signatures. In addition, I HAVE REVIEWED OR WILL REVIEW THE INCENTIVE VERIFICATION FORM, COMPLETED BY THE APPLICANT.

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Employer Signature