



Tanana
Chiefs
Conference

Child Care Assistance Program
Work Statement

Child Care Assistance Program
122 1st Ave. Suite 600 Fairbanks, AK 99701
Phone: 907-452-8251 ext. 3360 or 3365
Toll-Free: 1-800-478-6822
Fax: 907-459-3914
Email: childcare@tananachiefs.org

PLEASE HAVE YOUR EMPLOYER COMPLETE THE FOLLOWING:

EMPLOYEE INFORMATION	
Employee Name	Social Security Number:
Employer	Job Location
Employer Address	Employer Phone

PROVIDE BELOW IF JOB IS NEW:	
Date Started:	Hourly Wage/Salary: \$
Frequency of Pay:	Total Hours per Day:
Pay Dates: (Fridays; 1st & 15th)	Schedule: (8:00am to 5:00pm)
Days per Week (circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
This Job is (circle): Permanent Temporary Seasonal On-Call	
This Job is (circle): Part-Time Full-time Job Training/Work Experience	
This Job is (circle): Set Schedule Varies Rotating: (week on week off):	

IF EMPLOYMENT IS ENDING OR HAS ENDED, PLEASE COMPLETE THE FOLLOWING:	
Reason Job Ended (circle): Fired Laid-off Quit	
Last Day of Work:	Date of Final Check:
Gross Amount:	

Employers Signature and Title	Date
Print Name	

Please Note: If clarification is needed from the employer, contact will be completed by Child Care Assistance to verify the information stated above.

For Office use Only
Date Received: