
Date

Name

Address

City State Zip Code

Telephone Number Social Security Number

****PLEASE HAVE THIS FORM COMPLETED BY YOUR EMPLOYER AND ATTACH IT TO THE CANCELLATION/DEFERMENT REQUEST FORM.**

EMPLOYER: Please answer each question as it pertains to your agency and employee.

Yes No
___ ___ 1. Is this organization a public or private non-profit child or family service agency? Indicate which:

Yes No
___ ___ 2. Is the employee a full-time employee?
If yes, when did full-time employment begin? _____

Yes No
___ ___ 3. Is your employee providing, or supervising the provision of, services to high-risk children and
_____ ~~Signature~~ ~~Agency~~

Name of Certifying Official

Agency Address

Signature of Certifying Official

Agency Telephone Number

SEAL