



May 1, 2019

Dear 2018-2019 Professional Development Program (PDP) Participant,

Enclosed is the end of the year **Employment Verification Form**, which you **and** your director/owner (for FCCH) or your supervisor/director (for centers) must sign. If you are the center director, an Agency representative must sign.

Please save a copy of the completed Form for your records. **Postal mail the signed original to:**

First 5 Contra Costa  
ATTN: Elida Treanor  
1485 Civic Court, Suite 1200  
Concord, CA 94520

**Has your home address or name changed since you started PDP?** If YES, you must send a new **W-9** Form (download a fillable form <https://www.irs.gov/pub/irs-pdf/fw9.pdf>, then print and sign it; postal mail the signed original to Elida.

Your completed and signed Employment Verification Form (and W-9, if applicable) **must be postmarked by May 31, 2019**. For your stipend to be processed, a completed end of the year Employment Verification Form and current W-9 are required.

If you have any questions, please contact Elida Treanor at [etreanor@first5coco.org](mailto:etreanor@first5coco.org) or (925) 771-7319 as soon as possible so that your stipend processing is not delayed. Stipend checks will be mailed to the home address on record in late July 2019.

Best regards,

Edirle Menezes  
Early Childhood Education Program Officer  
First 5 Contra Costa

Susan K. Jeong  
Manager, Educational Services/LPC Coordinator  
Contra Costa County Office of Education





**In order to receive a stipend, this form must be signed  
and the original received by First 5 Contra Costa on or before May 31, 2019.**

## END OF YEAR EMPLOYMENT VERIFICATION FORM

The participant's director/owner (for Family Child Care Homes) or supervisor/director (for centers) must complete Section I on this page to verify the participant's employment for the program year. If the center director is the participant, an Agency representative must complete Section I.

Participant's Name		Participant's Job Title	
Employer Agency / Program / Site			<input type="checkbox"/> Participant changed sites <b>within the Agency</b> during the program year.

### SECTION I – Supervisor / Director / Owner

I hereby certify that I am the director/owner of the program/site named above. I supervise or can otherwise verify employment for the participant identified above. In addition, I verify that:

- The participant worked for at least 9 months with the same program/agency preceding the date of my signing this form.
- The participant worked at this program/site for (number) \_\_\_ \_\_\_ **hours per week** (a minimum of 15 hours per week is required for stipend eligibility).
- The participant currently works in Contra Costa County and directly with children birth to pre-kindergarten age, 0-5 years.

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Signature of Supervisor/FCC Owner/Agency Representative	Date – Must be on or before May 31, 2019
Print Name	Work Telephone Number or Email
	Job Title/Position

### SECTION II – Participant

I hereby certify that I am employed at the program/site identified above, that I worked \_\_\_ \_\_\_ hours per week, and that I have been continuously employed by the same employer/agency for the past 9 months. In addition, I verify that:

- I work in Contra Costa County and directly with children birth to pre-kindergarten age, 0-5 years.

I understand that the stipend I receive is in addition to my current wage and/or annual salary and that salary advancement will not be negatively affected by the incentive. **I certify that all information related to my employment is true and correct.**

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Signature of Participant	Date – Must be on or before May 31, 2019
Print Name	Classroom Name/Number

Participant, please make a copy of this completed Form for your records. **Postal mail the signed original to:**

First 5 Contra Costa, ATTN: Elida Treanor, 1485 Civic Court, Suite 1200, Concord, CA 94520

