

## Appendix E: Continuous Employment Form

### POWER Payments

#### Continuous Employment Form

This form must be completed in its entirety and uploaded in the POWER Application along with the required paystubs. Required paystubs include the last paystub received from the previous employer AND the first paystub received from the current employer. Both paystubs should be scanned together with this completed document and uploaded as required in the application section *Document 3: Supporting documentation for employment*.

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

Employee GaPDS Number: \_\_\_\_\_ Employee Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Administrator Name (person completing POWER application): \_\_\_\_\_

**By completing this form, I affirm the following to be true and correct:**

\_\_\_\_\_ The employee named above started employment at the listed program after December 1, 2021.

First date of employment at current program: \_\_\_\_\_

\_\_\_\_\_ Prior to December 1, 2021, the employee named above was employed by another POWER eligible child care program and maintained continuous employment with the program.

\_\_\_\_\_ The employee named above works at least 20 hours per week at the current program.

\_\_\_\_\_ The employee named above worked at least 20 hours per week at the previous program.

Name of Previous Program: \_\_\_\_\_ Provider # of Previous Program: \_\_\_\_\_

Last Date of Employment with Previous Program: \_\_\_\_\_

Signature of Current Administrator: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DECAL Processor, submit this individual applicant for Manager Review.**