

CDA Voucher Program

EMPLOYER ATTESTATIONS –

Program Director or Owner must **initial** lines next to the **2** applicable attestations. Items must be **initialed** for an application to be considered complete.

Please note: This form is not required for CTE students.	
(a) I attest that the applicant,	, has been employed
	(Applicant's First and Last Name)
by	since / .
(Legal Entity name)	since / . (mm/yy)
AND	
	t least 20 hours per week at the above-named early quirement will be waived if applicant is a student participating
Director/Owner Signature	Date
Printed Name of Director/Owner	Title
Please upload the completed form to your onl Fax: 717-213-0585 or Email: pakeyvoucherpress.	**
-	Learning is invested in ensuring limited resources are better serve individual community needs, please provide the
Total facility enrollment # of CCV	W Enrollments

^{*}Form is valid for 6 months from date of signature